



**DIVISION OF HEALTH SCIENCES
STUDENT HANDBOOK
AND
POLICY MANUAL**

**With the Emergency Medical Services
Programs Addendum**

Updated September 2025

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SECTION I: INTRODUCTION AND OVERVIEW

The purpose of this handbook is to provide students, the college community, and the general public with essential information about the educational and behavioral performance requirements expected of individuals entering the health professions. In order to ensure safe practice, the Division of Health Sciences (DHS) has developed specific policies and procedures, in addition to those already established by the College, that govern student matriculation in their respective programs. **It is the responsibility of the student to be familiar with and abide by the policies contained in this manual, the College Catalog, and Student Handbook and Planner, which are referenced throughout this document.**

Each student is issued a copy of the Division of Health Sciences Student Handbook and Policy Manual after admission to their respective program. The content is subject to change. Program-specific policy amendments, supplements, and requirements are contained in the program addenda. At the beginning of each course, the faculty member(s) will distribute a course syllabus. Students should refer to the course syllabus for additional policies, including but not limited to attendance, assessment instruments, make-up requirements, and criteria for successful completion.

Admission to one of the programs offered in the Division of Health Sciences is the first step toward entering an exciting, rewarding career. In order to be successful in any Health Sciences program, engagement in the educational process is essential. Becoming a caring, competent health care professional requires a major commitment of time, energy, and focus of one's efforts toward the needs of clients. This selfless dedication is what makes true professionals stand out. The faculty and administration in DHS are dedicated in their efforts to help students become professionals and meet their educational and career goals.

Clinical agencies, hospitals, and facilities providing education to students may have policies and procedures in addition to those in this handbook.

Division of Health Sciences Mission Statement and Overview

Mission

The mission of the Division of Health Sciences is to prepare graduates to provide professionally competent, safe, ethical, compassionate healthcare and become lifelong learners in their field.

Philosophy

Administrators, faculty, and staff within the Division of Health Sciences believe that education is a lifelong endeavor where students are at the center of the learning continuum. Students ultimately become lifelong learners when engaged in teaching and learning environments that help them to achieve their personal and professional goals. We believe that all students have the ability to learn. Students are encouraged to identify their preferred style of learning, determine their strengths, and realize their potential. Students who develop the ability to think critically will be better equipped to learn new skills, acquire knowledge, and understand the attitudes and behaviors required to succeed in their field of study. Therefore, we believe the goal of the educational process is to teach for understanding and expand the view of the learner.

We believe that healthcare education requires a commitment to diversity, leadership, collaborative partnerships, and evidence-based practice. Accordingly, we are committed to a systematic review process to ensure programs maintain the highest standards and are reflective of current practice. All healthcare professional programs represent a blend of theory and reflective clinical practice that embraces cross-cultural beliefs and values.

Graduates from the Division of Health Sciences can respond to healthcare needs within local, national, and global environments. All healthcare professionals have the responsibility to ensure that quality healthcare is provided by engaging in effective leadership and social advocacy initiatives.

Core Values

Aligned with the Core Values of the College, the Division of Health Sciences believes that:

- Quality education in all health programs is based on current standards of practice, use of technology, and application of contemporary pedagogy.
- Students have the potential for success when academic and personal support services are provided throughout the educational process.
- Communication and teamwork are an integral part of the learning and working environment.
- Appreciation of diversity becomes the foundation for understanding and embracing the richness of differences in opinion, ethnicity, culture, and lifestyle.
- Change is embraced by a willingness to accept new ideas.
- Education becomes a pathway that fosters lifelong learning.

Division of Health Science Goals:

1. Prepare students for employment in a specific health career field.
2. Maintain external accreditation/approval of individual health science programs.
3. Establish academic benchmarks that assess student learning.
4. Promote engagement in community service activities.
5. Utilize a systematic evaluation process to maintain the highest current standard of practice.

September 9, 2009; revised October 16, 2009; revised November 13, 2009; revised January 27, 2010, March 24, 2010; revised May 3, 2013

MassBay Community College does not discriminate on the basis of sex, religion, color, race, sexual orientation, age, national origin or disability in all of its educational programs, activities or employment policies, as required by Title IX of the 1972 Education Amendments and other federal and state anti-discrimination laws. MassBay makes a serious effort to represent a diverse group of students, faculty and staff, and to promote a climate of acceptance for minority groups.

If you have any questions about compliance with Title IX, please contact the MassBay Community College Affirmative Action Officer in the Human Resources office at the Wellesley Hills Campus.

Division of Health Sciences Program Accrediting Agencies

Associate Degree Nursing

Accreditation Commission for Education in Nursing, Inc. (ACEN)
3390 Peachtree Road NE, Suite 1400
Atlanta, GA 30326
www.acenursing.org
Phone: 404-975-5000

Massachusetts Board of Registration in Nursing (Approved)
250 Washington Street
Boston, MA 02108
www.mass.gov/dph/boards/rn
Phone: 1-800-414-0168 or 617-973-0900

Emergency Medical Technician and Paramedicine

The Massachusetts Department of Public Health
Office of Emergency Medical Services (OEMS)
Bureau of Health Care Safety and Quality
67 Forest Street
Marlborough, MA 01752
<http://www.mass.gov/dph/oems>
Phone: 617-753-7300

Paramedicine

Committee on Accreditation of Emergency Medical Services Professions
8301 Lakeview Parkway, Suites 111-312
Rowlett, TX 75088
PH: 214-703-8445
FX: 214-703-8992
www.coaemsp.org

Commission on Accreditation of Allied Health Education Programs
9355 113th Street North, #7709
Seminole, FL 33775
www.caahep.org

Practical Nursing

Accreditation Commission for Education in Nursing, Inc. (ACEN) (Initial Accreditation)
3390 Peachtree Road NE, Suite 1400
Atlanta, GA 30326
www.acenursing.org
Phone: 404-975-5000

Massachusetts Board of Registration in Nursing (Approved)
239 Causeway Street, 5th Floor, Suite 500
Boston, MA 02114
www.mass.gov/dph/boards/rn; Phone: 1-800-414-0168 or 617-973-0900

Radiologic Technology

The Joint Review Committee On Education in Radiologic Technology (JRCERT)
20 North Wacker Drive, Suite 2850
Chicago, IL 60606-3182
www.jrcert.org
Phone: 312-704-5300

Surgical Technology

Accreditation Review Council on Education in Surgical Technology and Surgical Assisting
(ARC/STSA®)
19751 East Main Street, Suite 339
Parker, CO 80138
www.arcstsa.org
Phone: 303-694-9262

The Commission for Accreditation of Allied Health Education Programs (CAAHEP)
9355 113th Street North, #7709
Seminole, FL 33775
www.caahep.org Phone: 727-210-2350

SECTION II: Division of Health Sciences Policies

Section A: Academic Policies

A.1.0 Attendance

It is important to your academic success that you attend all classes in which you are enrolled and make up any work due to absences. For each course, your instructor will establish policies regarding class, clinical, and/or laboratory absences, and make-ups (if any), and will include these policies in the course syllabus. Your course instructor has full and final authority to allow make-up work and/or absences. If you miss more than five (5) class hours, your instructor has the right to withdraw you from the course by notifying the Registrar. Frequent tardiness and absenteeism are not tolerated in the health care professions or by the DHS faculty.

As a student in a Health Sciences program at MassBay, you must follow policies that have been developed to meet the requirements of the appropriate accrediting agencies. To ensure your successful completion of the program and accreditation requirements, attendance in all health programs is mandatory for classes, laboratory sessions, and clinical rotations.

If you have clinical clock hour requirements, you should speak with your instructors about class and clinical attendance policies. Absences may be cause for program withdrawal. Students who demonstrate a pattern of tardiness or absence will receive a counseling notice regarding the attendance policy.

NOTE: Refer to College Absence policies in the College's Student Handbook. When taking courses in other Academic Divisions, you are to follow the attendance policy set forth by that Division's faculty.

A.2.0 Student Progress

Students are advised that it is important to purchase the required textbooks and read all assigned chapters to be successful. Textbooks contain copyrighted material, and photocopying it is illegal.

To be considered in "good standing" within any of the DHS programs, students are required to achieve a minimum grade of 73% (C) in each Health Sciences Program course, except for Associate Degree Nursing (ADN) and Practical Nursing (PN) courses where the passing grade is a 75% (C), and the EMT and Paramedicine courses where the passing course grade is 77 % (C+). In science courses with a BI or CH prefix the passing grade is 73% (C). Students must pass all segments of courses (theory, laboratory, and/or clinical) to be successful in that specific health course.

Students whose grade is below the minimum required for courses in theory, clinical or laboratory courses at mid semester will receive a midterm warning consistent with the College's policy. Students who receive a midterm warning are required to make an appointment with the faculty responsible for the course to develop a learning remediation plan.

Students must successfully complete all required prerequisite and co-requisite courses to continue in a Health Sciences program. It is the professional responsibility of each student to ensure

adequate preparation for all program, course, lab, practicum, and/or clinical requirements.

Incomplete Grades: Should a student not complete all course requirements within the last two weeks of the semester but provides evidence of making significant progress toward such completion, he or she may submit a written request to the Health Sciences instructor to receive an incomplete (I) grade. In each case in which an Incomplete is requested, the circumstances must be compelling and beyond the control of the student. The Incomplete will not be awarded in cases of neglect on the part of the student, nor will it be given as a substitute for a failing grade. At the instructor's discretion, the "I" grade may or may not be awarded.

Incomplete grades may be given only in the following circumstances:

- The student must be in good academic standing in class, laboratory, and clinical;
- Attendance has been satisfactory;
- Illness, accident, or other extenuating circumstances prevent the completion of required work;
- Documentation has been provided by the faculty;
- Required work may reasonably be completed in an agreed-upon time frame, no later than the beginning of the next semester.

Instruction to Students:

To request an Incomplete grade, complete section I of the "Request form" and submit it, along with forwarding documentation, to your instructor. A copy of this form is included on page 45.

The instructor will specify the terms and conditions for making up the coursework in section II of the request form. Signed forms will be sent to the Dean for approval. The Dean will forward all approved forms to the Registrar for processing.

When the coursework is completed and with the Dean's approval, the instructor will submit a "Change of Grade Form" to the Registrar's Office.

If the "I" grade is granted, conditions for completion of course requirements will be stipulated in a written agreement to be signed by the instructor, the student, and Dean of the Division prior to the start of the next course in the program sequence. Students who do not resolve their incomplete grade will receive an 'F' and will not progress in the program.

A.3.0 Testing Policy

The specific testing policy for courses is found in the syllabus for each course. Any appeal of score/grade on an examination must be submitted in writing to the instructor within one week of the administration of the test. If a student must leave the room during the test, all test materials must be returned by the student to the testing proctor prior to leaving the testing room. Failure to comply with this stipulation may result in a failing grade for the test.

Test Review

Tests or exams may be considered “Secured” and will not be given to the student to keep after the exam is completed. These tests will be kept on file in the appropriate program office. Specific Health Sciences programs have test review policies. If a test review is permitted, it will be monitored by course faculty.

Make-up Exams

Students are expected to be present for all exams. The faculty recognizes that illness and emergencies occur and may, at their discretion, allow the student to take a make-up test/exam. Students must notify the faculty prior to the exam time and provide reasons and documentation for the absence. The student must contact the primary course instructor on the day he/she returns to request a makeup exam and, if approved, arrange for an exam date. Faculty have the right to ask for documentation verifying the illness or emergency as part of their decision process to allow or deny a retest. A different examination will be administered.

During exams, the following rules apply:

1. All books, purses, tote bags, cell phones and other electronic devices, etc., will be placed in a designated area and remain there during the exam.
2. Dictionaries of any kind may not be used during an examination.
3. The student’s name must be recorded on all test materials and Scantron forms as appropriate.
4. If a Scantron form is used, any erasures must be thorough for accurate scanning.
5. If a test review is offered, exam papers must be returned to faculty afterwards.

A.4.0 Performance Notification Process

Students who are not performing satisfactorily in any laboratory or clinical setting will receive a performance notification. The performance notification form can be found on page 36 of this handbook. The instructor will use the clinical objectives or competencies to determine the areas of weakness and what remediation is needed to become compliant in meeting student learning outcomes. Repeated performance notification may lead to a failing grade. Students are expected to complete all learning outcomes by the end of the course. Infractions of the policies, performance codes, or inadequate levels of academic/clinical performance may be communicated to the student through a written warning. A record of such a written warning shall be entered into the student’s file.

A.5.0 Student Grievance Procedure

The student grievance procedure is described on page 56 of the current MassBay Community College [Student Handbook](#).

A.6.0 Grade Appeals

The first step in the grade appeal process is to contact the faculty member in writing, within 10 calendar days following the last day of the instructional period, stating that you would like a review of course grades. Grade appeals are to determine if there are any mathematical errors in computing the final course grade.

The student grade appeal process is described in the current MassBay Community College [Student Handbook](#).

Section B: Professional Behavior

B.1.0 Division of Health Sciences Code of Student Conduct: Professional Integrity / Behavior Policy & Affective Domain Standards

The Division of Health Sciences Faculty has identified criteria for professional performance under the standards of affective domain. Faculty has a legal and ethical obligation to inform students of behaviors that are inconsistent with these standards and to act to ensure that any inconsistency is acknowledged and corrected by the student. Students are responsible for integrating an understanding of professional and ethical standards associated with their discipline in order to meet the criteria identified below. Faculty have the right and the responsibility to apply reasonable professional judgment to determine if a standard has or has not been met.

- *Standard 1 Accountability:* To exhibit a willingness to accept responsibility for their own actions and the consequences of their behavior.
- *Standard 2: Adaptability/Flexibility:* To adapt to new, different, or changing requirements or circumstances positively and constructively.
- *Standard 3: Assertiveness/Effective Communication:* To integrate an understanding of the need to communicate effectively by analyzing priority needs, conveying those needs clearly and directly, and working toward a mutual understanding and participation in an appropriate action.
- *Standard 4: Compassion and Empathy:* To view situations from the perspective of the other person and take appropriate actions to preserve the dignity and worth of others.
- *Standard 5: Diligence and Dependability:* To exhibit a strong work ethic, persistence toward positive outcomes, and consistency in the performance of all duties and responsibilities.
- *Standard 6: Honesty and Integrity:* To exhibit truthfulness and accuracy in all actions, conduct themselves in a fair and ethical manner, and work to continuously uphold the values of the health care profession they are affiliated with.
- *Standard 7: Respect:* To exhibit esteem and deference to other persons or entities that reflects an awareness and acceptance of diverse cultural and social norms.
- *Standard 8: Other Standards Specific to the Division:* refer to program addendum for codes of ethics/conduct maintained by the profession

Each program will assess individual students for any or all of those behaviors listed above. If a student does not demonstrate these behaviors at appropriate levels in all domains, it may negatively affect his or her grade and/or ability to complete the program.

B. 2.0 Affective Domain Standards of Performance Violation Policy and Procedure

Should faculty determine that a student's behavior violates one or more of the affective domain standards, an affective domain warning will be issued to the student. Upon discovery of the violation, faculty has up to one week to investigate and issue the warning to the student. In certain instances, the student may be withheld from clinical until the process is carried out and the student completes corrective action. Once a student is notified that they will receive an affective domain warning, the student has 48 hours to meet with the faculty. At the discretion of the faculty or department chair, in certain instances, the student may be withheld from clinical, lab, or lecture until the process is carried out and the student completes corrective action.

The student will meet with faculty and be provided with the opportunity to review a written summary explaining the nature of the violation, any remedial action that is required and the implications for the student. A copy of the affective domain will go to the Program Director and will become part of the student's permanent record. Any affective domain violation may impact the student's ability to seek readmission, serve as a student representative or receive a favorable recommendation for professional or educational purposes.

Recommendation for Dismissal from the Health Sciences program based on Affective Domain violations may occur when a student has received two Affective Domain Warnings and a third Affective Domain Violation occurs.

B.3.0 Cell Phone Policy

In keeping with the "respect" affective domain above (Standard 7), the Division of Health Sciences adheres to the following policy regarding the usage of cell phones during class time:

- Cell phones will be off during all class and lab time.
- Students and instructors will not make or receive cell phone calls during class and lab time.
- Students and instructors will not send or receive text messages during class and lab time.
- Unless required for completing clinical assignments, Cell phones will not be used at clinical in patient-care areas, and students must adhere to the policies of the clinical agency.

In the case of an emergency where it is **vital** that the student or instructor keep a cell phone turned on, it should be in vibrate mode, and should be answered outside of the classroom or lab. *It is the student's responsibility to notify the instructor before the start of class that an emergency call is due and that the student's cell phone will be on. It is the instructor's responsibility to notify the students of this situation before the start of class that an emergency call is due and that the instructor's cell phone will be on.*

Use of a cell phone for any purpose during a class or lab other than for an emergency situation as stated above, will result in the student being asked to leave the class or lab for the remainder of class/lab time. The student is responsible for the missing material as well as for making up the

time missed in class/lab. In addition, the student will receive a written warning indicating that the affective domain competency was not met.

B.4.0 Social Media/ Electronic Communication Policy

For the purposes of this policy, social media/electronic communication is defined as the use of email, electronic images, blogs, networking sites, applications, chat rooms, forums, video sites and other platforms. This policy applies to information posted in private or protected sites that can be accessed or shared by other users.

Faculty recognize that the use of social media to communicate has become commonplace. The implications for healthcare providers and healthcare students are serious. The accessibility and efficiency of technology make it easy to post content or images without considering the proprietary, confidential, or professional implications of such behavior.

The DHS holds the health sciences students to the highest standards for the responsible use of social media and electronic communication. Standards have been established that are aligned with the professional and ethical codes of each discipline.

The following behaviors are considered grounds for recommendation for dismissal:

- The use of social media to make disparaging remarks about other students, faculty, staff or patients, the division, individual departments or clinical affiliates/partners and associated individuals and communities- even if nicknames or codes are used and/or identifying information appears to have been removed.
- The posting, distribution or dissemination of patient, student, facility, laboratory or classroom images or associated content (please note: taking pictures, videos or audio recordings in the classroom or clinical agency is strictly prohibited without the permission of all parties involved).
- The posting of any content or images that could in any way compromise the safety, reputation and/or professional image of the Health Sciences Department, staff, faculty or students.
- The posting of any content or images that could in any way compromise the safety, reputation and/or professional image of clinical affiliates, partners, communities or individuals associated with the Division of Health Sciences or its departments.
- Posting inappropriate, suggestive, abusive, violent, potentially threatening, derogatory or discriminatory content in networks, forums or platforms while identifying oneself as a student within the Health Sciences Division. Note: Identification as a Division of Health Sciences student can be established by both statements and images used in electronic and

social media sites (e.g., wearing a uniform or posting a college, division, or department logo).

- The use of any electronic communication or applications for the purpose of distributing or disseminating information that could be used to commit acts of academic dishonesty or fraud.
- The use of any electronic communication or applications to share or distribute proprietary academic or facility information, including, but not limited to, policies, procedures, or patient care tools.

Students are encouraged to view the following sites for tips for the responsible use of social media by healthcare professionals. Please note that nothing in these documents negates the policies established by the Division of Health Sciences.

<http://www.nursingworld.org/FunctionalMenuCategories/AboutANA/Social-Media/Social-Networking-Principles-Toolkit.aspx>

<https://www.ncsbn.org/2930.htm>

B.5.0 Snow/Weather Emergency Policy

If the College closes due to inclement weather or for any other reason, all classes, clinical, and laboratory classes are cancelled. The student handbook and the College website (www.massbay.edu) provide information regarding the various communications methods used by the College to notify everyone about the closure of the College and course cancellations.

Students are expected to attend their regularly scheduled classes, clinical and practicum when the College is open, and no official announcement has been made to close the College or cancel classes.

Students who believe that conditions are unsafe for travel to class or clinical/practicum must call their instructor and the clinical agency to explain why they are not able to attend the regularly scheduled class or clinical/practicum.

If a student and faculty member arrive at a clinical site before the school closing is announced, students and faculty will remain at the clinical site until the closing is announced. Students will be expected to leave the agency as soon as it is feasible to do so after the closing announcement is made. Any student who is in a preceptor clinical experience will be notified of the College closure by each program's Clinical Coordinator and/or Department Chair.

If the closing announcement occurs while students are en route to classes and arrive as the College is closing, students will be expected to return home without attending any classes. Cancellations that occur while classes are in session, students and faculty will be expected to leave the campus as soon as possible after the announcement.

Make-up classes and clinical may occur at the discretion of each specific program within the Division of Health Sciences if the College had to close.

Section C: Recommendation for Dismissal, Appeal of Dismissal, and Readmission Policies

Students enrolled in Health Sciences programs are expected to be familiar with and follow the College's Code of Conduct, Division policies, Program policies, and course syllabi. When a student is found to be in violation of these policies, and after appropriate interventions and warnings have occurred, the student will be recommended for dismissal from their program, subject to due process. The Dean of Health Sciences will notify the student that they have been dismissed via MassBay email and certified mail. This is a dismissal from the Health Sciences program, not a dismissal from the College; however, a violation of the College's Code of Conduct may be grounds for dismissal from the College. The appropriate faculty or department chair will advise the student of the process and next steps, utilizing the Program Dismissal Worksheet, which the student will be asked to sign.

C.1.0 Medical Leave Policy

Students who leave a course mid-semester with verified medical or family illness documentation will be withdrawn from the course but not the restricted health sciences program. Students who are granted medical or family leave will be accommodated in the subsequent offering of that course, after first providing medical documentation approving their participation. Students will have 12 months to be reinstated in the withdrawn course for medical reasons. If additional time is required, the student will be withdrawn from the health science program, and if eligible, provided the process for readmission. Students coming back from medical leave will be required to pay tuition for all enrolled courses. Students are only eligible for medical leave during a semester. Medical leaves will not be granted once the course is completed and/or grades have been issued.

C.2.0 Grounds for Recommendation for Immediate Dismissal

Demonstration of any of the following actions or behavior is grounds for immediate dismissal, contingent upon the student's right to due process as outlined in the Appeals Process flowsheet in this handbook:

- a. When the Affective Domain Warning identifies multiple violations of standards;
- b. When the student refuses to accept or implement the corrective actions, and/or
- c. When the precipitating behavior or response is egregious (e.g., reckless, threatening, abusive, or illegal). In this case, the Associate Dean of Students, as the College's Code of Conduct Officer, will be consulted.

Students have the right to appeal the program dismissal as outlined in this handbook and described in the Appeal of Dismissal from the Division of Health Sciences Programs policy.

C.3.0 Appeal of Dismissal from Division of Health Sciences Programs

Process of Appeal of Dismissal

A student has the right to appeal a dismissal from a Health Sciences program related to affective domain violations as outlined in the Division of Health Sciences Student Handbook, the appropriate program addendum, and/or the course syllabus, should the student believe they were wrongly dismissed.

Students must follow the appropriate appeals process listed below. Students may attend classes and laboratory sessions, but not clinical rotations, during the appeals process, if permitted by the Program Director.

The following four-step process outlines the appeal process for dismissal from a Division of Health Sciences program.

Step 1

Within five calendar days from the date of the recommendation for dismissal from the program, the student must submit, in writing, reason(s) why he or she believes the decision was wrong, reason(s) why the student should be reinstated, and any additional information or documentation that would support the appeal to the Dean of Health Sciences.

Step 2

The program/faculty will provide the Dean of Health Sciences with student records related to the student's initial recommendation for dismissal from the program within five calendar days.

Step 3

The Dean of Health Sciences will convene the Appeals Committee of three voting faculty members to review and judge the merits of the student's appeal. The committee members will be Health Sciences' faculty outside the student's program, a representative from outside the Division of Health Sciences, and the Dean of Health Sciences. Depending on the nature of the appeal, other individuals may be consulted as necessary. If the reason for dismissal involves a College Code of Conduct violation, the Associate Dean of Students/Code of Conduct Officer will be consulted. The Dean of Health Sciences will provide the Appeals Committee with all documentation submitted by the student and the program/faculty. The student does not appear in this meeting in person. The Appeals Committee will either overturn or uphold the recommendation for dismissal.

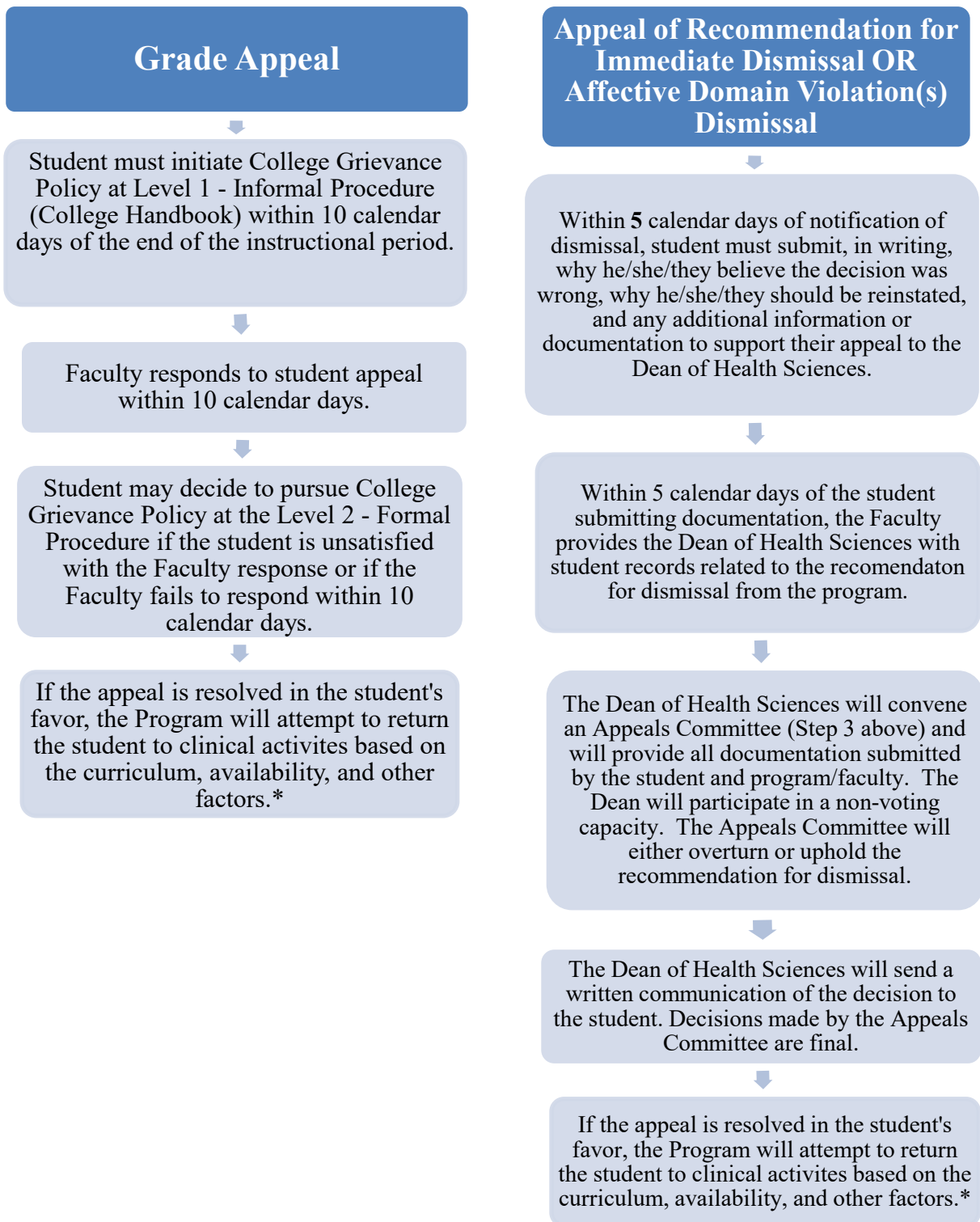
Step 4

The Dean of Health Sciences will send a written communication of the decision to the student. Decisions made by the Appeals Committee are final.

Appeal of Dismissal and Grade Appeal Processes Flowchart

During the processes described below, the student:

- May enroll and attend lecture and laboratory sections with Program Director permission.
- May NOT attend clinical courses.
- Is subject to all costs associated with course enrollment and Add/Drop policies.



*Each Program within the Division of Health Sciences has specific procedures and policies concerning the return of the student to clinical activities based on the program curriculum.

C.4.0 Readmission Policy

Students who have been dismissed or who have withdrawn from any program within the Division of Health Sciences at MassBay Community College will be considered only once for readmission to the same program. Students who have not been successful in one health sciences program can apply for admission to a different health program if they have an overall College GPA of 2.0 or better. Students who have been dismissed or withdrawn from a program for reasons of “clinically unsafe practice/behavior” as defined in the DHS Student Handbook and Policy Manual (see **E.14.0**) or who violate the College’s Student Code of Conduct are not eligible for admission/readmission to any DHS program. **See program addenda for specific requirements for admission/readmission.**

Application for readmission must be made within 12 months of withdrawal or dismissal from the original program. Readmission application deadlines are February 1 for the fall semester and June 1 for the spring semester. Qualified candidates will be selected from a readmission pool and based on the seat availability for that course and/or program.

Based on specific course/program requirements and accreditation standards, students may be required to retake courses, take competency exams, or undergo skill testing prior to readmission, even if courses have been completed successfully. Should the student not attain a passing grade on skill or competency testing, they will be required to retake the course(s) in their entirety.

Section D: Health and Immunization Requirements

Complete immunization and other required documentation are necessary for participation in a Health Sciences program. All immunization and CPR documentation is managed by Viewpoint, a secure, web-based platform. Students will receive instructions on how to create a personal profile called a “Viewpoint Account” and upload their immunization and CPR documentation. Viewpoint will send the student email “alerts” when documentation is missing, incomplete, or in need of updating. The Division of Health Sciences faculty will refer to Viewpoint account data to determine whether a student is cleared for clinical. The following items are required by your selected program’s due date or within 30 days of the first day of the semester* (see *Division of Health Sciences Program Grid* on page 49). **Failure to submit all the forms below on time and in the proper format will jeopardize the student’s place in his/her program. Jeopardize means the student will not be allowed to start the program or will have to withdraw if they have started the program and documents are found not to meet submittal or compliance requirements.**

Immunizations:

Hepatitis B -

You must allow a minimum of 6 months to complete the series. For students in Associate Degree Nursing, Central Processing Technology, Medical Assistant, Medical Office Administrative Assistant, Paramedicine, Phlebotomy, Practical Nursing, Radiologic Technology, and Surgical Technology programs, a positive Antibody Titer is required. This may be submitted along with the vaccine or alone. Documentation of the Antibody titer must include the numerical results and indication of ‘positive’ or ‘reactive’ status and must be on the MassBay medical form, a laboratory report, or a physician's verification of results. If the titer is negative or equivocal, new alerts will be created for you to repeat the vaccine series and antibody titer. Individuals who document negative or non-reactive antibody titers following two vaccine series are considered ‘non-responders’ and must provide a letter from their healthcare provider. Students in the EMT program are required to submit the three doses of the Hepatitis B Vaccine OR a positive antibody titer (lab report or physician verification of results required).

Tuberculosis Testing –

2-Step TB/PPD Skin Test or Chest X-Ray or QuantiFERON-TB or T-Spot - An initial 2-Step TB screening, QuantiFERON or T-Spot blood test, or negative Chest X-Ray is due by the published deadline for your program. This process for the 2-Step TB must be followed:

Step I: PPD (Purified Protein Derivative) “implant” is injected into the forearm. In 2 - 3 days, this implant must then be “read” as negative and documented by a clinician.

Step II: Within 3 weeks of completing Step I, students are required to return to the clinician’s office for a second “implant.” Again, the student is required to return in 2 - 3 days to have this implant read and documented as negative by the provider.

Once students have completed Steps I and II, only a single TB implant is required annually and must be updated each year to meet medical compliance.

If you have a positive TB/PPD result, submit documentation of a clear (negative) Chest X-ray. A negative symptom review check by a health care provider is required annually thereafter.

EMT Students are required to submit a 1-step TB/PPD Skin Test, a Chest X-ray, a QuantiFERON-TB, or a T-Spot blood test.

Tetanus & Diphtheria (Td) or Tetanus/Diphtheria/acellular Pertussis (Tdap) - Documentation of one dose of Tdap at or after 7 years of age. If it has been more than 10 years since the Tdap was given, a Td booster is required.

Measles, Mumps, Rubella (MMR) 2-Dose Vaccine or Titers* - There must be documentation of either a positive antibody titer for all 3 components OR documentation of each vaccination. If the titer is negative or equivocal, 2 booster shots are required.

Varicella 2-Dose Vaccine or Titer* - There must be documentation of either a positive antibody titer for Varicella OR documentation of vaccination. If the titer is negative or equivocal, 2 booster shots are required.

Seasonal Influenza Vaccine (when available) – Submit documentation of a flu shot administered in August prior to the upcoming flu season OR a declination waiver. Students who cannot be immunized for the flu may be required to wear a mask in clinical settings.

COVID-19 Vaccine and Booster Dose – Submit documentation of a 2-dose COVID vaccine and the Bivalent Booster shot.

Report of Physical Examination & Immunization Record - This requires the student's signature authorizing the release of immunization information to clinical affiliating agencies. It also requires your physician to fill in confirmation of immunizations you've received and your physical exam results within the past year.

** Titers are laboratory blood tests to determine immunity to specific diseases. They are not immunizations.*

Some clinical facilities where students will be assigned may require additional information and/or screenings prior to clinical placement. Examples include submission of social security number; Fingerprinting; Drug-testing; CORI checks; CNA Registry Check, COVID-19 Vaccine and additional immunizations.

Meningococcal Vaccine (for full-time students who are 21 years old or younger) – 1 dose MenACWY (formerly MCV4) received on or after the student's 16th birthday. Doses received at younger ages do not count towards this requirement. Students may decline MenACWY vaccine after they have read and signed the MDPH Meningococcal Information and Waiver Form.

Additional Notes: Students who have previously taken the required MMR, Varicella, and Hepatitis B vaccines discussed above but who are unable to produce acceptable documentation must have titers drawn. Students who refuse to be vaccinated due to religious or medical reasons may be in jeopardy of losing their seat in the respective program, as most clinical agencies will not allow unvaccinated students to participate in direct patient care. Some clinical facilities where students will be assigned may require additional information and/or screenings prior to clinical placement.

Other Related Requirements:

CPR Certification – The CPR certifications that are acceptable for health students are the “BLS for the Health Care Provider” from the American Heart Association (AHA), the American Red Cross, or the equivalent from the American Military Training Network. The copy must be front & back of the card, and it must be signed. An eCard from the AHA is also acceptable.

Technical Standards - Students must meet certain physical demands of performance so that they can successfully progress in their coursework and ultimately graduate. This form is completed and signed by the student.

National Background Check – A national county records search is also conducted through their Viewpoint account.

CORI and SORI forms –The student must complete the CORI (Criminal Offender Record Information) form to authorize a search of conviction and pending criminal case information under Standard Required Level I by the DCJIS (Department of Criminal Justice Information Services). As required, the student must provide the last six digits of their social security number on the CORI form and present a valid government-issued ID (such as a license or passport) to verifying staff. The student must also complete the SORI (Sex Offender Registry Information) form. The CORI and SORI completion process will occur prior to the beginning of clinical/practicum experiences. If a student is late or is absent the day the CORI/SORI check is completed, it is his/her responsibility to complete CORI and SORI request forms at the Division of Health Sciences Administrative Office. The Division of Health Sciences may conduct subsequent CORI checks within one year of the date the form was signed by the student. The Division of Health Sciences will first provide the student of written notice of the check. The student may also be required to complete subsequent CORI and SORI request forms according to clinical facility requirements. If a CORI and/or SORI Report is returned with a finding(s), it may or may not prohibit progression in a Health Sciences Program. CORI and/or SORI findings will be forwarded to a college-wide Review Committee, and the student will be invited to the review session. The final decision regarding the student’s progression in a Health Sciences program will be determined at that time.

**30-Day Grace Period: Massachusetts Law states that students subject to 105 CMR 220.600 (Immunization Requirements for Post-Secondary Students) may have a 30-day grace period after enrolling before all required immunization records must be submitted. Upon entering a Health Sciences program, students may also have a 30-day grace period from the start of the semester before being subject to withdrawal from their program provided if this does not interfere with the start of a required clinical rotation. If a program’s clinical rotation starts sooner than 30 days, students in that clinical course must comply with the Division of Health Sciences’ published deadlines in order to meet the standards of the clinical sites and begin their rotation on time. If the student does not have all records submitted and in the proper format by published deadlines or by the end of the 30-day grace period, whichever applies, he or she may be withdrawn from the program.*

Section E: Clinical/Practicum Policies

Introduction & Definitions

The purpose of this section is to present those policies and procedures that are most relevant to the clinical/practicum component of the programs. **The information contained in this handbook is subject to revision. Students will be given written notice of any amendments or revisions.**

The policies and practices are in addition to those stipulated in official College publications, the didactic policies portion of this handbook, and specific program course syllabi. **It is the policy of the College to reserve the right to add, withdraw, or revise any provision or requirement.**

To promote understanding of the scope of this handbook, the terms clinical, clinical fieldwork, clinical affiliations, and clinical rotations are used interchangeably and refer to the required clinical experiences of each of the programs.

Terms used for the various individuals involved with clinical education in the Health Programs include:

- **Clinical Instructor:** This term refers to any person recognized by the program as having the responsibility to supervise and assess the performance of any student while on clinical. This term is used interchangeably with **Clinical Supervisor, Clinical Faculty, Faculty and/or Clinical Preceptor**. Either the college or the clinical site may employ the individual with this title, depending on the program.
- **Clinical Coordinator (CC):** This term refers to the college faculty member responsible for securing and/or assigning clinical placements, and for assessing the student's clinical performance. Other terms used to describe this individual include **Academic Fieldwork Coordinator (AFC), and Clinical Coordinator (CC)**. In the case of the ADN and PN programs, the CC is the Program Chair.
- **Center Coordinator for Clinical Education (CCCE):** This term refers to the person employed by the clinical site whose responsibility is to coordinate and supervise the clinical program at each site. Other terms used to describe this individual include **Clinical Site Supervisor (CSS) and/or Clinical Instructor (CI)**.
- **Preceptor:** This term refers to the person on staff at a clinical facility who supervises and instructs students in clinical experiences.

Individual clinical sites may use different titles for those serving in the above positions within their institution. Refer to the program appendices for this information.

The clinical experience(s) is integrated within the overall program requirements. It provides practical experiences that augment laboratory and classroom learning and facilitates the transition from student to health care practitioner.

E.1.0 Professionalism

The student will adhere to all accepted standards, policies, procedures, rules, and regulations of the College, DHS, the program, the clinical site, and his/her profession's code of conduct. The student's performance and behavior must be safe and appropriate at all times. **Refer to the Professionalism and Affective Domain Standards and the program appendices for professional codes of conduct specific to each program/profession.**

E.2.0 Confidentiality

Of equal importance to the confidentiality of student records is the unequivocal requirement to preserve the confidentiality of any and all patient/client medical information. It is the moral, ethical, and legal responsibility of health professionals and DHS students to ensure that any and all medical-related information is held in confidence. Client information should only be shared with appropriate clinical personnel within the context of that personnel's need to know for the delivery of quality care. Students are required to adhere to all such policies while in the clinical environment. All students will receive patient privacy training (HIPAA) from the College prior to their clinical experience.

E.3.0 Health Status

It is the student's responsibility to ensure that completed physical exam and immunization records are submitted to and approved by Viewpoint. (See Section D. Health and Immunization Requirements.) Failure to submit this information and other required documentation could affect clinical placement and the ability to complete a Health Sciences program. Health forms are available from the Division of Health Sciences.

Should the student's health status change in a manner that would restrict clinical participation after he/she has health clearance and has matriculated in a DHS program, he/she **MUST** immediately notify the Department Chair. The student must also submit to the CC a note from his/her primary care provider indicating the nature of the restriction and the date at which the restriction(s) must be imposed. To re-enter the clinical environment, the student must submit a note from his/her primary care provider to the CC affirming the removal of restrictions and the date at which the student can resume unrestricted participation in clinical activities. If a student is unable to resume his/her participation in the program, he/she should refer to the Division of Health Sciences' Medical Leave Policy (Section C.1).

E.4.0 Communicable Disease Statement

Students have an ethical and legal responsibility to maintain a high standard of health. When providing care, the student should routinely and without discrimination take all precautions against exposure and transmission of communicable diseases consistent with the policies and procedures of the clinical site. The DHS student who has a communicable disease must inform the CC and the appropriate clinical instructor. Should there be any questions as to potential restrictions or precautions relating to clinical participation, the student may be required to seek medical advice and documentation from his/her primary care provider.

E.5.0 Emergency Care

The College's contractual agreement with clinical agencies states that emergency care will be provided by the clinical facility if that facility maintains an emergency room. Furthermore, the agreement stipulates that the student will assume the cost of such emergency care. Therefore, students should refer to their health insurance policy for coverage in the event of an emergency in the clinical area.

E.6.0 Latex Sensitivity & Allergy Policy

Latex products are common in the medical environment. Allergic responses to latex can range from irritation and allergic contact dermatitis to the possibility of life-threatening anaphylactic shock. Guidelines have been established at MassBay Community College to provide information to potential allied health and nursing program applicants/students who are sensitive to latex.

Latex-free environments are seldom available in either clinical or academic settings. Therefore, an individual with a latex allergy/sensitivity wearing alternative vinyl or nitrile gloves is still exposed to latex residue of others working in the area or to latex present in the equipment, models, and mannequins. Although latex gloves are the most prominent source of latex allergen, many other products contain latex, including, but not limited to:

- Blood pressure cuffs, medication vials, syringe connectors, and wound drains;
- Stethoscopes, catheters, respirators, and goggles;
- Oral and nasal airways, surgical masks, and electrode pads;
- Endotracheal tubes, syringes, IV tubing, and tourniquets.

Any student who has or develops symptoms consistent with latex allergy/sensitivity is advised to consult a qualified allergist for evaluation prior to enrollment in the Division of Health Sciences. If a student is already admitted to a Health Sciences program, he/she must consult a qualified allergist for evaluation of latex allergies should signs and symptoms develop. All such evaluations are at the student's expense. If it is determined that a student suffers from a latex sensitivity/allergy and the student desires an academic adjustment, including auxiliary aids or service, or reasonable accommodation due to this condition, the student must contact the College's Office of Accessibility Resources.

As with all matters related to one's health, the utmost precautions should be taken by the student to reduce the risk of exposure and allergic reactions. This may include the carrying of an epi-pen by the individual or other precautions as advised by the student's health care provider. It is the responsibility of the student with a latex sensitivity to understand and acknowledge the risks associated with continued exposure to latex during a clinical education, fieldwork, and healthcare career, even when a reasonable accommodation is made, and to regularly consult with his/her health care provider.

In an effort to minimize the presence of latex in the Division lab facilities, MassBay Community College will provide latex-free and powder-free gloves in all College lab facilities. Should a clinical agency NOT provide latex-free gloves, the College will provide latex-free gloves for clinical use. Additionally, the College is taking the following steps to minimize latex in its lab facilities: *1) replacement of all gloves in use by faculty and students with nitrile or vinyl gloves;*

2) maintaining an inventory of products/equipment and supplies in each health science program that contain or could contain latex; and 3) future purchasing of latex-safe supplies and equipment whenever possible.

As with all students in the Division of Health Sciences programs, a student with a latex sensitivity or allergy is required to satisfactorily complete all requirements and technical standards of the program to which they have been accepted.

E.7.0 Blood and Body Fluid Exposure Policy and Procedure

Occupational Exposure Guidelines

According to the Centers for Disease Control and Prevention, the primary means of preventing occupational exposure to HIV and other blood-borne pathogens is the strict adherence to infection control standards, with the assumption that the blood and other body fluids of all individuals are potentially infectious. The routine utilization of barrier precautions when anticipated contact with blood or body fluids, immediate washing of hands or other skin surfaces after contact with blood or body fluids, and careful handling/disposing of contaminated sharp instruments or other equipment during and after use is recommended.

For more information: <https://stacks.cdc.gov/view/cdc/20711>

Faculty & Student Responsibilities

1. Receive agency/unit orientation regarding infection control policy and post-exposure management procedures.
2. Utilize appropriate barrier precautions during the administration of care to all individuals.
3. Utilize appropriate safety devices for the handling/disposing of contaminated sharp instruments or other equipment.
4. Immediately report accidental exposure to blood or body fluids.
5. Initiate immediate intervention of the management of accidental exposure to blood or body fluids.
6. Provide health education to individuals and groups regarding the prevention, transmission and treatment of HIV.

Accidental/Occupational Exposure Procedure

In the event of an accidental/occupational exposure to blood or body fluids, students and faculty should:

1. **Immediately** wash the area of exposure with soap and water.
2. **Immediately** report the incident to the instructor and/or supervisory personnel.
3. Complete appropriate documentation according to agency standards and provide a copy of the report to the Division of Health Sciences department chair. Another copy will be kept in the student's file.
4. Complete the Division of Health Sciences' Incident Report. This form is included as an appendix in this handbook; this **must be completed within 24 hours of the incident**.

PLEASE NOTE:

1. Decisions regarding post-exposure management, prophylaxis, and follow-up will be at the discretion of the individual and his/her health care provider.
2. The injured party will be financially responsible for emergency treatment, prophylaxis, and follow-up care resulting from the incident.

E 8.0 Accommodation for Disability Conditions

DHS students who request an accommodation in lecture, lab, or clinical due to a documented disability must inform the College Office of Accessibility Resources. The Office of Accessibility Resources, the Department Chair, and the Academic Coordinator of Clinical Education will determine if the accommodation is appropriate and reasonable. This means that the accommodation does not compromise either the essential duties/student teaching responsibilities at the clinical/practicum site or the requirements of the program's competency-based educational equivalents. (See Technical Performance Standards description and form in the Health and Immunization Requirements section of this Handbook.)

E 9.0 Clinical Sequence and Placement

- E.9.1 The Clinical Coordinator or Program Chair determines the clinical placement of students. The primary consideration in arranging clinical placements is the academic integrity and value of the educational experience. A student shall not be placed at a site if he/she or an immediate relative volunteers or works in a department or unit within that site that is similar to his/her chosen field of study. When possible, advance notice will be given so that the student may make appropriate arrangements and clinical practicum sites may prepare for the student.
- E.9.2 Contacting and arranging clinical affiliate placements is the purview of the Program Chair and/or Clinical Coordinator. Students **shall not** contact a present or prospective clinical site without obtaining prior approval from the Clinical Coordinator or Department Chair.

E.10.0 Transportation, Housing, and Parking Fees

The student is responsible for transportation to and from the clinical/student teaching sites as well as any parking fees. For programs with out-of-state clinical/student teaching sites, students are responsible for the cost of housing, transportation, meals, and other expenses unless otherwise provided.

E.11.0 Professional Appearance - Dress Code

While each program may have specific uniform requirements, all programs have the following expectations. The student must at all times:

- E.11.1. appear neat, clean, and well-groomed.
- E.11.2. maintain good personal hygiene.
- E.11.3. adopt a conservative approach to dressing, minimizing jewelry and cosmetic/fragrances, not wearing clogs, open-toed shoes or sandals, nor extremely loose-fitting or tight clothing.
- E.11.4 wear MassBay student identification pin with name and his/her program of study.
- E.11.5 remove personal pagers and/or cell phones before entering the clinical site.

E.11.6 limit body piercings to small, post-type earrings. Only one earring in each ear is permitted. No other body piercing jewelry is permitted in clinical and laboratory settings.

E.11.7 cover visible tattoos upon request in the clinical setting.

E.11.8 keep fingernails short and clean. Clear nail polish may be worn. Artificial fingernails are not permitted.

Refer to individual program appendices for specific requirements.

E.12.0 Attendance

Attendance during the clinical affiliation is mandatory. Students are expected to report promptly, consistent with the schedule of the site and clinical faculty. It is unacceptable to schedule personal appointments during clinical hours. Tardiness and early departures are also unacceptable. If a student for any reason misses more than one-quarter of the scheduled clinical/student teaching day, he/she will be considered absent for the whole day.

E.12.1 Should illness or any other reason prevent the student from reporting to the clinical facility on time, the student must notify his/her clinical instructor, Clinical Coordinator, or appropriate College office at least 30 minutes before the scheduled start of the clinical day. Failure to notify either the clinical instructor or College of an absence is a serious breach of professional conduct.

E.12.2 If a student is ill and in danger of exceeding the attendance policy of his/her program, a note from his/her health care provider must be submitted to the Clinical Instructor at the affiliate and to the Clinical Coordinator at the college. The student will not be permitted to resume the clinical experience without a note from the health care provider stating that the student is capable of resuming (without restriction) all activities associated with the clinical education component of the program.

E.12.3 Any clinical skill acquisition or experiences missed due to absence, tardiness, or early departure must be made up at the discretion of the clinical instructor and approved by the CCCE and Clinical Coordinator. The determination as to which alternative assignments and locations may be required to make up missed days/hours and/or substitute for any missed clinical skill acquisition or experiences will be made at the discretion of the clinical affiliate, Clinical Coordinator, CI, and/or the Department. Chair at the College.

Refer to the appendices for individual program policies and/or syllabi.

E.13.0 Evaluation of Clinical Performance

Each program develops instruments and assessments used to evaluate student clinical performance. Refer to the appendices for the clinical grading policies for the respective program. The CC /CI/Department Chair will issue grades consistent with the policy contained in the College catalog and course syllabus. In most programs, clinical experiences are graded pass/fail. Grades: Clinical grades below the program's specific minimum will result in withdrawal from the program. Refer to the minimum grade information in section A2. Students who are having difficulty meeting the established learning objectives of the clinical experience are encouraged to seek

prompt advice and/or assistance from the CCCE, CC, and /or the clinical instructor/faculty to develop a learning plan to address concerns.

E.13.1 Unsatisfactory clinical performance is defined as performance within the clinical environment that demonstrates:

E.13.1.1 consistent pattern of weakness in one or more clinical behaviors/skills objectives

E.13.1.2 failure to demonstrate progressive mastery of clinical behaviors and objectives

E.13.1.3 performance requiring more guidance and instruction than that required by other students at the same level.

If a student does not comply with the academic, professional, or clinical standards listed in this policy manual or the MassBay Student Handbook, a DHS administrator or faculty member will issue a written warning. The student must sign the warning. NOTE: **Signature on the warning** does not constitute the student's agreement with the content of the warning. Space is provided for the student to indicate his or her non-agreement and comments. The original signed copy of the written warning will be placed in the student's record, and a copy will be given to the respective program chair. Should the student refuse to sign the form, the faculty will obtain a witness signature attesting that the notice was given to the student.

E.14.0 Clinically Unsafe Behavior

The following are examples of clinically unsafe behavior:

E.14.1 Any incident in which the student's action has or may seriously jeopardize patient care and/or safety. Examples of such actions include, but are not limited to:

E.14.1.1 errors of omission/commission in patient care;

E.14.1.2 any pertinent intervention which places another in danger;

E.14.1.3 failure to report changes in patient status promptly;

E.14.1.4 acting outside of the legal and ethical role of the student as defined by professional standards;

E.14.1.5 abusive behavior;

E.14.1.6 not being accurate regarding any personal conditions that may jeopardize patient care or about the student's own learning needs;

E.14.1.7 repeated and/or consistently unsatisfactory clinical performance which compromises quality of care when the student also demonstrates one or more of the following:

E.14.1.7.1 multiple failed assignments, lab assessment scores or didactic average that falls below the acceptable standard set in the course syllabus.

When a faculty member determines that a student has been clinically unsafe,

1. the student will be immediately removed from clinical and lab settings.
2. the student will be notified immediately that they have been given an unsafe clinical grade and will not be permitted to return to clinical or lab. If the student is in another health course with a clinical component, the student will not be allowed to attend the clinical or lab unless the faculty member and department chair determine

- that patient safety is not at risk. Written notice by the faculty member will be given to the student, documenting the reasons for the clinically unsafe determination.
3. The faculty will notify the department chair and the appropriate academic administrator that a failing grade has been issued.

The grade submitted for the course where the unsafe clinical practice occurred will be an F. Any student who receives an F due to unsafe clinical practice will not be eligible for re-admittance to a health program. The student may appeal the unsafe clinical grade by following the Grade Appeal Process described in the MassBay Student Handbook.

E.15.0 Drug Screening Policy

Massachusetts Bay Community College is committed to the promotion of the health and safety of patients, students, faculty, and staff, and our community members, including those with physical, psychiatric, or substance abuse concerns. Policies and procedures are established with this commitment in mind. To ensure that patient care is not compromised, facilities and agencies engaged in patient care have begun to require mandatory drug testing of all their employees and any affiliating groups.

Accordingly, students enrolled in Health Sciences programs may be required to provide proof of a negative ten-panel urine drug screening in order to be eligible for clinical placement if required by the clinical site where the student is assigned. Drug screening will be random at the discretion of the Program. Drug screening must be done through the student's Viewpoint Account before the start of a clinical rotation. Viewpoint will provide step-by-step instructions on how to obtain a drug screening at a local testing facility. Students taking prescription or over-the-counter medications will have the opportunity to provide a list of medications to Viewpoint. All costs associated with drug testing are the responsibility of the student.

Drug-screening results will be sent to the Dean of Health Sciences in a confidential manner. Students who do not pass the drug screening test the first time have the right to request a second drug screening prior to their clinical rotation. If the second drug test is negative, the student will be placed in a clinical rotation. If the second test is positive, the student will be ineligible for clinical placement and recommended for withdrawal from their health program, contingent on due process. Students who fail to comply with any aspect of the drug-screening requirement or who receive positive results will be ineligible for clinical placement and subject to dismissal from the Health Sciences program in which they are enrolled.

Health Sciences clinical affiliating agencies may also have policies on random or scheduled on-site drug screening of students. Students must comply with all clinical facility policies. A positive drug test result from the clinical site will result in the student's immediate removal from clinical and recommendation for dismissal from the Health Sciences program. In the event a faculty member has a reasonable belief that a student is under the influence of alcohol or drugs, the faculty member will immediately remove the student from the clinical setting and follow the College's policy on Alcohol and Drug Use. The student will be sent to the Emergency Department for further evaluation and drug/alcohol testing if necessary. A student under the influence of alcohol or drugs in a clinical setting shall be subject to discipline, up to and including expulsion from the College, in accordance with the College's Alcohol and Drug Use Institutional policy.

Any student who is withdrawn from the Division of Health Sciences due to a positive drug test may appeal this decision through the Division's Appeal Process. Please see the Appeal Procedure in the Division of Health Sciences Handbook. Any student who is withdrawn from the Division of Health Sciences program due to a positive drug test may reapply based on current College and Division of Health Sciences readmission policies.

All students will be notified, in writing, of the requirement for drug screening when enrolling in a program that requires such screening. This form can be found in Section III.

While the recreational use of marijuana is permitted in Massachusetts, marijuana remains classified as a controlled substance under federal law, and its use, possession, distribution, and/or cultivation at educational institutions remains prohibited. Accordingly, students who test positive for marijuana are unable to participate in clinical education, which will affect their status in the program. A student who has a prescription for medical marijuana and seeks to use medical marijuana off-campus during semesters where they have clinical rotations shall contact the College's Accessibility Resources Office. Accessibility Resources will consider the student's request as a request for reasonable accommodation and will engage in an interactive dialogue with the student to determine an effective and reasonable accommodation for their disability. Accessibility Resources will, among other things, request medical documentation to confirm the disability, including the student's Medical Marijuana Card. Use of medical marijuana off-campus during the clinical education shall not be considered a reasonable accommodation if its continued use would impair the student's clinical performance, pose an unacceptably significant safety risk to the public, or violate the College's affiliation agreements with its hospital partners, thereby jeopardizing those affiliations.

Steps

1. Each student enrolled in a program that requires drug screening will be notified of the requirement to report for drug screening to the testing agency. Students will be given 48 hours to complete the drug screening requirement. Students will contact the specified testing agency to schedule an appointment within the specified time period.
2. Students must follow the instructions given by Viewpoint to comply with the screening protocol. Failure to participate in the drug screening process or comply with the protocol will result in the student's inability to participate in the clinical education and, consequently, will result in the student's dismissal from the program.
3. Viewpoint will provide results to the Dean of Health Sciences at Massachusetts Bay Community College. Results can only be accepted directly from Viewpoint. The Dean of Health Sciences will provide the applicable department chair or program coordinator with a list of those students who have completed their drug screening and are eligible to participate in clinical or field education.
4. Students whose results fail to satisfy the screening criteria will not be eligible to participate in the clinical education and consequently will be dismissed from the program unless the disqualifying factor can be satisfactorily remedied.
5. Students with a positive drug test may challenge the results of the test within five (5) days of notification of the drug test results. This challenge must be in writing and delivered to the Dean of Health Sciences.

Section III: Division of Health Sciences Forms

Division of Health Sciences Technical Standards Form

It is necessary for all Division of Health Sciences students to review and sign the following.
Please circle your program from the list below, then sign and return as directed.

ADN Associate Degree Nursing	PB Phlebotomy
CT Computed Tomography	PM Paramedicine
CY Central Processing Technology	PN Practical Nursing
EMT Emergency Medical Technician	RT Radiologic Technology
NA Nursing Assistant	ST Surgical Technology

TECHNICAL PERFORMANCE STANDARDS		ADN	PN	PB	PM/EMT	NA	RT/CT	ST/CY
MUSCULAR And SKELETAL	Work at areas located at various positions and elevation levels for durations of at least 30 minutes at a time alternating with the need to make frequent changes in body positions	X	X	X		X	X	
	Maintain a standing body position for a minimum of two hours, while performing work related functions	X	X	X		X		X
	Transfer and position movement dependent patients from / to various positions and surfaces, such transfer / positioning frequently requiring a minimum of a 50 lb. weight bearing load	X	X	X	X	X	X	X
	Move / push / pull / reach equipment and accessories of various weights and sizes from a variety of heights to a variety of heights	X	X	X	X	X	X	X
	Perform CPR on adults, infants, and toddlers	X	X	X	X	X	X	X
	Detect and distinguish between variations in human pulse, muscle spasm & contractions, and / or bony landmarks	X	X	X	X	X	X	
	Safely guide patient in ambulation on level as well as inclined surfaces and stairs, often while the patient is using a variety of assistive devices. In either case, guard patient against falls or other injury	X	X	X		X	X	
	Apply graduated manual resistance to patient's individual muscular actions in order to determine patient's strength or to apply exercise techniques for stretching or strengthening	X	X	X		X		
	Quickly move from one site to all other areas of the health care facility	X	X	X	X	X	X	
AUDITORY	Detect and appropriately respond to verbally generated directions and acoustically generated monitor signals, call bells, and vital sign instrumentation output	X	X	X	X	X	X	X
VISUAL	Detect and discriminate between various human gestures and non-verbal responses	X	X	X	X	X	X	X
	Detect and discriminate between large and small gradations in readings on dials, graphs, and displays, such detection made at various distances from the source.	X	X	X	X	X	X	X
	Read printed and computer screen manuscript text	X	X	X	X	X	X	X
	Discern a patient's physical status at distances in excess of 10 feet and in subdued lighting	X	X	X	X	X	X	
	Detect and discriminate between the range of image brightness values present on radiographic and computer screen images						X	
	Manipulate/adjust various types of switches, levers, dials,	X	X	X	X	X	X	X

MANUAL DEXTERITY & FINE MOTOR SKILLS	control, and/or hand-held equipment and/or in various combinations							
	Hold and use a writing instrument for recording patient history or pertinent information	X	X	X	X	X	X	X
	Apply gown, gloves, and mask for Universal Precautions when needed	X	X	X	X	X	X	X
VERBAL	Articulate clearly to a patient in conversational English regarding therapeutic goals and procedures	X	X	X	X	X	X	X
OLFACTORY	Detect changes in environmental odor and (temperature)	X	X	X	X	X	X	X
ENVIRONMENTAL	Function within environments which may be stressful due to fast pace, need for accuracy, and distracting sights and sounds	X	X	X	X	X	X	X
	Recognize that the academic/clinical environment includes exposure to disease, toxic substances, bodily fluids, and/or radiation	X	X	X	X	X	X	X
	Exhibit social skills necessary to interact effectively with those of the same or different cultures with respect, politeness, and discretion	X	X	X	X	X	X	X
	Maintain cleanliness of personal grooming consistent with close personal contact	X	X	X	X	X	X	X
	Function without causing harm to self or others if under the influence of prescription or over the counter medications	X	X	X	X	X	X	X

Technical Performance Standards Informed Consent

1. I have received, read and understand the meaning of MassBay Community College's Health Professions Technical Performance Standards.
2. I understand that the Standards indicated, as applicable to my intended program of study, relate to the full array of essential performance competencies inherent to my chosen program of study.
3. I also understand that in order to successfully graduate from the program of my choice, I must be able to satisfactorily perform the tasks listed in the standards.
4. It is my responsibility to submit a request to the College's Disability Resources Office should I wish to receive a determination of reasonable accommodation in performing any of the stated standards.
5. Lastly, I understand that there may be instances where a reasonable accommodation for a method of satisfying the required performance tasks may not be possible.

Student Name (print): _____ ID#: _____ OR SS#: _____

Student Signature: _____ Date: _____

**MASSBAY COMMUNITY COLLEGE
DIVISION OF HEALTH SCIENCES
Performance Notification Form**

Student's Name _____

Faculty / Administrator's Name _____

Date _____

It has come to the attention of the faculty member / administrator named above that your performance has fallen below acceptable standards or your behavior has violated one or more of the policies of the program, division, college and/or clinical affiliate. The specific lapse in performance level / policy infraction is as follows:

If appropriate corrective action is possible, you must satisfy the following expectancies by any dates / time frames specified:

Should you fail to affect the above requirements as stipulated by the dates / time frames stipulated, the following consequence will occur:

FACULTY / ADMINISTRATOR SIGNATURE _____ DATE _____

Student Comments:

I agree with the above described assessment and prescribed action: ☐ yes ☐ no

STUDENT SIGNATURE: _____ DATE: _____

(NOTE: Student signature indicates only that the student was given this notification, not that the student agrees with the content of the notification.)

WITNESS SIGNATURE: _____ DATE: _____

(NOTE: Witness signature verifies that this notification was given to the student, but the student refused to sign as required)

**MASSBAY COMMUNITY COLLEGE
DIVISION OF HEALTH SCIENCES
Counseling Record Form**

Date: _____

Student: _____ **Student ID#:** _____

Faculty/Staff/Advisor Name: _____

Program: _____ **Course:** _____

Present at Meeting: _____

Discussion:

Student Comments:

Recommendation(s):

Referral(s) to College Services? **yes** **no**

Faculty/Staff/Advisor Signature: _____ **Date:**

Student Signature: _____ **Date:** _____
4/15/10 kcc

**MASSBAY COMMUNITY COLLEGE
DIVISION OF HEALTH SCIENCES
Affective Domain Standards of Performance Warning Form**

Date:_____ **Student:**_____ **Student ID #:**_____

Faculty/Advisor Name:_____

Program:_____ **Course:**_____

Notice of Affective Domain Violation (Check One): #1____ #2____ #3____

Nature of Violation:

Affective Domain Standard(s) Violated:

Remediation Plan (Violation #1 & #2):

Student Comments:

Faculty/ Signature: _____ **Date:** _____

Student Signature: _____ **Date:** _____

Copy of Document Sent to Program Chair and Advisor:

Program Chair_____ **Date Copy of Document Sent**_____

Advisor_____ **Date Copy of Document Sent**_____

4/21/10 kcc

**MASSBAY COMMUNITY COLLEGE
DIVISION OF HEALTH SCIENCES
Academic/Lab/Clinical Alert Form**

Student Name _____

Course _____

Instructor _____

The Division of Health Sciences faculty wants to provide you with the assistance you need to succeed in your program. We are concerned about your progress and urge you to take the step (s) indicated below immediately.

Academic Concern	Attendance / Clinical Concern / Professionalism
☐ The grade you earned on Quiz/exam _____ was unsatisfactory Date: _____ Grade _____ ☐ WARNING: Your current test grade average indicates you are in danger of not progressing to the next level. Current test average _____	☐ You have had one class/lab/clinical absence on _____ ☐ WARNING: You are in danger of being administratively withdrawn (AW) due to excessive absences ☐ Your clinical performance on _____ was unsatisfactory ☐ You have violated the Affective Domain Standards of Performance in the classroom/lab/clinical setting on _____

Recommended Activity:

- ☐ See me in my office after class or during office hours by (date) _____ Office # _____ Phone: _____
- ☐ Complete the prescribed remediation lab _____ by (date) _____
- ☐ Attend open lab for review _____ skills by (date) _____
- ☐ See the Academic Tutor for content including math review by (date) _____
- ☐ Utilize appropriate college resources (counseling/disability) _____

Instructor Signature: _____ Date: _____

Comments:

Did the student come for help by the date indicated? ☐ YES ☐ NO

Comments:

Students Signatures:

Comments:

NOTIFICATION TO STUDENTS
OF RANDOM DRUG SCREENING ANALYSIS REQUIREMENT

Please be advised that students enrolled in the _____ Program at Massachusetts Bay Community College will be required to undergo and pass random drug screening analysis in order to be eligible for placement at a clinical facility or in the field. Students who either fail to pass, refuse to submit to, or fail to schedule and take a drug screening analysis within the designated time frame will be deemed ineligible for clinical placement, which will negatively impact their status in the program.

If you have any questions pertaining to this policy, please contact the Dean of Health Sciences.

By my signature, I acknowledge that I have been provided with the Massachusetts Bay Community College Drug Screening Policy and notification that I am required to undergo and pass the drug screening analysis. I am aware that refusing to submit to, failing to schedule and take the drug screening analysis, or failing to submit to or pass the drug screening analysis will result in my being ineligible to participate in clinical education, and consequently, I will be dismissed from the program.

STUDENT NAME (PRINTED)

STUDENT SIGNATURE

DATE

**MASSBAY COMMUNITY COLLEGE
DIVISION OF HEALTH SCIENCES
Report of Exposure, Injury, or Incident Form
To be completed by the clinical supervisor and student**

Name of Individual involved: _____

Immediate Faculty/Preceptor: _____

Clinical facility where exposure occurred: _____

Date/Time of Exposure: _____ Type: Needle Stick: _____ Splash: _____
Mucous Membrane _____ Other: _____

Describe how the incident occurred: _____

Personal Protective Equipment Being Used _____

Actions taken (decontamination, clean-up, reporting, counseling, etc.) _____

Date and Time Incident was reported to Infection Control/Occupational Health: _____

Name/Title of Individual to whom the incident was reported: _____

☒ CHECK LIST

☐ Student was provided with the *Division of Health Sciences Blood and Body Fluid Exposure Policy and Procedure*

I have received and read the *Division of Health Sciences Blood and Body Fluid Exposure Policy and Procedure guidelines*. I understand that I have been advised to contact my health care provider for care that is needed as a result of the exposure that has occurred.

Student Name (Printed) and Signature

Date

Date of Event:	Time of Event:	Department:
Class:	Location:	Instructor:
Involved Parties: <i>NOTE: All Involved parties must submit separate reports</i>		
Report of Event Completed By:		Date:
E-mail:		Phone:
Report of Event Requested by:		
Please Select the Appropriate Category (select all that apply):		
Student / Family Issues	Classroom Issue	Clinical Site / Facility
Student Injury	Equipment Issue	Other:
Exposure/Contact to Bodily/Infectious Substance		
Other:		
Incident Description: explain in detail the nature of the incident and to whom it has been reported. Include a description of the incident, any steps taken to resolve it, and any direct observations of the situation. Use both sides of the page if necessary. <i>In order to comply with Federal and State laws, please DO NOT Include any of the following information: Date of Birth, Social Security Number, Driver License Number, any Credit Card or Financial Information as well as any Address Information.</i>		
Student Name (Printed)		
Student Signature		
Faculty Name and Signature		
Date Submitted		

MASSBAY COMMUNITY COLLEGE

Incomplete Grade Request Form

Section I and II (to be completed by the Instructor with Input from the Student)

Date: _____

Student Name: _____ Major: _____

Student ID Number: _____ Semester and Year: _____

Instructor: _____ Course Name and Number: _____

Reason(s) for not completing the coursework before the end of term: Health _____ Other _____
Brief description of Reason (submit all supporting documentation): _____

Student Signature: *(or email accompanying the form to acknowledge the student is submitting this Incomplete Form and the current date):* _____

Section III (to be completed by the Instructor)

Instructor's Name: _____

Assignments and/or exams needed to complete this course:

- | | |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

If work is completed satisfactorily, what is the expected course Grade? _____

Instructor's Signature: _____

When is the Required Completion Deadline: _____

Student's signature indicating acceptance of the terms: _____

Section IV (Send to Dean/Asst Dean to be completed by the Dean): ldavis@massbay.edu,
vtoomey@massbay.edu, amacdonald@massbay.edu

Dean/Asst Dean: _____ ☐ Approved ☐ Not Approved

Section V

Date Received by Registrar, as needed: _____

Cc. Division Office, Student, Instructor

Rev 050925

Division of Health Sciences Program Dismissal Worksheet

Student Name _____ Student ID _____

Date _____ Program _____ Faculty _____

Dismissal Basis (Check one): ☐ Grade ☐ Affective Domain Policy

Instructions for Faculty/Department Chair: please write a summary below of the reason(s) for the Recommendation for Program Dismissal, list type(s) of supporting documentation and dates in which infractions occurred on Documentation Log and attach student records and relevant program policy or syllabi. Provide this worksheet and any additional documents to the Dean of Health Sciences and student at the time of the program dismissal. The original will be filed in the Division of Health Sciences Offices.

Documentation Log		
Date	Document type	Description
	<i>e.g., Attendance records</i>	<i>Student clinical attendance</i>

Instructions to students: Students have the right to appeal a program dismissal. Details of the appeal process related to Affective Domain Program Dismissals are in the Division of Health Science Student Handbook's Appeal of Dismissal from Division of Health Sciences Programs. Details of the Grade Appeal process can be viewed in the College Student Handbook.

Student comments:

Student Signature: _____ Date: _____

Faculty Signature: _____ Date: _____

Program Director Signature: _____ Date: _____

APPENDIX A: Health Sciences Program Grid

Program	Day	Evening	Weekend	Hybrid Format	Fall Start	Spring Start	Summer Start	Length of Program	Credits/Type
Central Processing Technology		X			X	X	X	1 Semester	4 credits Certificate
Computed Tomography	X		X	X	X			2 Semesters	Track 1 (8 Credits) Track 2 (14 Credits) Certificate
Emergency Medical Technician (EMT)	X	X			X	X	X	1 Semester	8 credits Certificate
Medical Assistant		X		X	X			2 semesters	26 Credits Certificate
Medical Coding				Online	X			2 Semesters	27 credits Certificate
Medical Office Administrative Assistant		X		X	X			2 Semesters	26 credits Certificate
Associate Degree Nursing	X				X			4 Semesters	68-72 credits Associate Degree
Practical Nursing	X				X			2 Semesters Intersession 1 summer	43 credits Certificate
Paramedicine (Day)	X				X			2 Semesters 1 summer	37/38 credits Certificate
Paramedicine Evening)		X				X		3 Semesters 1 summer	37/38 credits Certificate
Phlebotomy Skills Certificate		X		X			X	1 Semester	6 credits Certificate
Phlebotomy Technician		X		X	X			2 Semesters	20 Credits Certificate
Radiologic Technology (Day)	X				X			4 Semesters and summer	78 credits Associate Degree
Radiologic Technology Flex (Evening)		X	X			X		9 Semesters	78 credits Associate Degree
Surgical Technology (Day)	X				X			5 Semesters	62 credits Associate Degree
Surgical Technology (Evening)		X			X			5 Semesters	62 credits Associate Degree

Revised June 2025

APPENDIX B:
Division of Health Sciences Administration and
Faculty

Division of Health Sciences Administration and Faculty (Updated 6/2025)

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508-270-4022

Venusa Toomey, M.D., M.Ed.

Assistant Dean of Health Sciences and Framingham Campus Administrator

508-270-4030

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APPENDIX C:
Program Policies and Student
Acknowledgement Form



Emergency Medical Services Department

EMS Student Handbook

Revised for Fall 2025

MassBay Community College
Emergency Medical Services (EMS) Department

DEPARTMENT PHILOSOPHY

Introduction

Welcome to the MassBay Community College EMS Department. We are happy you have you as a student. The faculty of both the Emergency Medical Technician (EMT) and Paramedicine Programs is committed to student success and promoting professional development. The Emergency Medical Services profession is challenging, fulfilling and sometimes difficult. Learning to be an EMT or Paramedic is no different.

As you embark upon this great learning opportunity, please be prepared to devote yourself to a total learning commitment and immersion in your program. We also ask that you commit to this program, beginning a life-long learning process. Your commitment to learning will be reflected as you graduate from your program with a true sense of satisfaction, pride and accomplishment.

The purpose of this handbook is to serve as a guide to students who are enrolled in the Paramedicine and Emergency Medical Technician Programs. Program-specific expectations, guidelines, policies, and procedures will be outlined along with the procedures that will be followed when there is a violation of these expectations, guidelines, policies, and procedures. These standards are required of all students and health care professionals.

The information contained in this handbook is intended to supplement the MassBay Community College Division of Health Sciences Student Handbook and the College Catalog. Please retain this booklet in your files so that the information can be referred to during your time as an EMS student.

Mission & Goals

Mission

The MassBay EMS Department provides exceptional education and preparation for emergency medical services professionals to excel in meeting the needs of the community they serve.

Goals

MassBay is committed to the development and support of programs known for academic excellence and rigor. The Division of Health Sciences offers comprehensive outcomes-based curricula designed to prepare graduates who are competent and compassionate critical thinkers committed to lifelong learning. The EMS Department utilizes a competency-based education model with well-defined acceptable levels of performance for each course as well as for successful program completion. Laboratory equipment is selected to promote optimal learning experiences and to support the

department's mission to provide state-of-the-art equipment representative of current emergency medical services practice.

Professional competence develops from a combination of knowledge, psychomotor skills and affective behaviors necessary to deliver safe and effective patient care. A competent EMT/Paramedic is one who has mastered this complex mix of attributes. The MassBay EMS Department strives to ensure that each student is given ample opportunity to succeed in this endeavor.

MassBay continues to emphasize the importance of a liberal arts education in helping students explore and understand their roles in society. The EMS Department and the College seek to instill in graduates a respect for and value of individuals of all ages, cultural, ethnic, religious, and socioeconomic backgrounds. The EMS Department is committed to graduating students who are competent entry-level health care providers. Graduates are expected to seek national certification and state licensure at their respective levels.

It is expected that graduates will demonstrate empathy and caring in patient treatment as they utilize critical thinking and problem-solving abilities in the application of their skills. MassBay and the EMS Department strive to instill in graduates a commitment to lifelong learning and professional development. It is expected that graduates of an EMS Program will continue to refine their skills through continuing education.

The faculty of each of the health profession programs is committed to ongoing development and review of all aspects of their respective programs. This continuing development is vital in assuring that each program's clinical and academic curricula are of the highest quality and reflective of current practice. To this end, the EMS Department has developed a curriculum grounded in evidence-based practice and reflective of the National EMS Education Standards and Instructional Guidelines. The didactic, clinical, and field phases of the EMT and Paramedicine programs are designed to foster sound assessment and decision-making skills across the spectrum of patient presentations, pathophysiology, and treatment modalities.

Department Goals

1. Prepare students for employment in the field of out-of-hospital emergency medical services.
2. Provide community outreach in assisting others to achieve personal and academic goals.
3. Maintain external accreditation for certificate programs.
4. Increase the number of underrepresented students in the program
5. Commit to the philosophy of students first in teaching and service.
6. Engage in community service activities.

Program Outcomes

Successful graduates of the Emergency Medical Technician Program will be able to:

1. Apply and evaluate their knowledge and skills relative to the role of an entry-level Emergency Medical Technician;
2. Safely manage the scene of an emergency;
3. Establish and maintain a patient airway, oxygenation and ventilation of a patient;
4. Perform a comprehensive history and physical assessment, formulate a field impression, and implement a treatment plan for patients with multiple, complex trauma and medical emergencies in a variety of settings;
5. Appropriately and safely administer emergency medications necessary to fulfill the role of an entry-level Emergency Medical Technician as defined in the National EMS Scope of Practice Model;
6. Demonstrate behaviors consistent with professional expectations of an entry-level Emergency Medical Technician.

Successful graduates of the Paramedicine Program will be able to:

1. To prepare competent entry-level Paramedics in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains.
2. Safely manage the scene of an emergency;
3. Establish and maintain a patient airway, oxygenation and ventilation of a patient;
4. Perform a comprehensive history and physical assessment, formulate a field impression, and implement a treatment plan for patients with multiple, complex trauma and medical emergencies in a variety of settings;
5. Appropriately and safely administer emergency medications necessary to fulfill the role of a Paramedic as defined in the National EMS Scope of Practice Model;

Achievement and Benchmarks

Program Overview

Since its inception in 1993, the EMS Department at MassBay Community College has been educating future EMS professionals, initially offering the Emergency Medical Technician certificate program. The Paramedicine certificate program was offered by the College in 1994 for a total of 32 credits, and the program was initially accredited by the Commonwealth of Massachusetts Department of Public Health, Office of Emergency Medical Services in 2005. Since that time, 250 paramedics and 1500 EMTs have graduated and begun careers in EMS, the Fire Service, and other areas of health care. Many EMT graduates have returned to MassBay to become Paramedics. Our students' commitment to lifelong learning and success in their programs is a testament to the strengths of the programs and our faculty

The National EMS Education Standards outline the minimal terminal objectives for entry-level EMS personnel to achieve within the parameters outlined in the National EMS Scope of Practice Model. In 2012 and 2015, with the intention of aligning the program with the National EMS Education Standards, the EMS Department faculty undertook a comprehensive review of the curriculum for the certificate programs and proposed a redesign and restructuring of the credit hours required for awarding the certificates in Emergency Medical Technician and Paramedicine. The EMT Program is offered at 8 credits (180 clock hours), culminating in an intensive practical skills experience. The Paramedicine Program is offered at 37 credits and includes over 1100 clock hours, culminating in a 5-credit-hour Paramedic Field Capstone experience with an EMS agency.

EMS Department Effectiveness:

1. 85% of students who enter EMS programs will finish.
2. 85% of the students will be satisfied with their EMS program.
3. 88% of the EMS students who take the National Registry of EMTs certification exam will be successful on the first attempt.
4. 95% of the students will find employment in an EMS system within six months after graduation.

EMT Program Effectiveness	Spring 2022		Summer 2022		Average	
Grads sitting for practical exam	12		26		19	
NREMT Practical	12	100%	26	100%	19	100%
Grads sitting for Cognitive exam	12		26		19	
NREMT Cognitive Pass Rate	10	83%	26	100%	19	92%
National NREMT Cognitive Pass Rate		83%		100%		92%

Paramedic Program Effectiveness	Grad Yr. 2021		Grad Yr. 2022		Grad Yr. 2023		Grad Yr. 2024		4 Year Average	
Enrolled Students	8		11		18		16		53	
Retention	8	100%	10	90%	15	83%	15	99%	48	90%
NREMT Cognitive Attempted	8	100%	10	100%	15	100%	15	100%	48	90%
NREMT Cognitive Passed	7	88%	9	90%	14	93%	12	80%	42	79%
NREMT Certification Rate	7	88%	10	100%	14	93%	13	86%	44	83%
Positive Placement	7	88%	10	100%	15	100%	13	86%	45	84%

Program Approval and Accreditation

While program accountability resides clearly with the College, the EMS faculty and College administration believe that the continuing growth and development, and the assurance of a quality

educational environment, require input from the medical community. This input will be obtained through regular meetings of active Advisory Boards for the EMS Program, and through close collaboration with Clinical Preceptors and Clinical Instructors of our numerous clinical affiliates. Program quality will be assured through review of data from outcomes assessment instruments. Curricular and program review will be conducted on an annual basis.

Paramedicine graduates are eligible to take the NREMT certification examinations and apply for state licensure in MA and most other states.



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

To Contact CAAHEP
Commission on Accreditation of Allied Health Education Programs
25400 U.S. Highway 19 North, Suite 158
Clearwater, FL 33763
www.caahep.org



The EMT and Paramedicine Programs are accredited by the Massachusetts Department of Public Health, Office of Emergency Medical Services (OEMS).

OEMS CONTACT INFORMATION

Office of Emergency Medical Services
67 Forest Street
Marlborough, Massachusetts 01752
Telephone: (617) 753-7300
Fax: (617) 753-7320

The Program Director obtains all necessary OEMS approvals prior to the start of an incoming EMT or Paramedicine class. These approvals will be initiated no less than one month prior to the start of the semester. The Dean of Health Sciences verifies that all necessary documents are in place prior to the start of the course and no class will begin without the necessary approvals. All OEMS approval numbers will be provided to students at the beginning of the course.

Code of Ethics for EMS Practitioners

Professional status as an Emergency Medical Services (EMS) Practitioner is maintained and enriched by the willingness of the individual practitioner to accept and fulfill obligations to society, other medical professionals, and the EMS profession. As an EMS practitioner, I solemnly pledge myself to the following

code of professional ethics:

- To conserve life, alleviate suffering, promote health, do no harm, and encourage the quality and equal availability of emergency medical care.
- To provide services based on human need, with compassion and respect for human dignity, unrestricted by consideration of nationality, race, creed, color, or status; to not judge the merits of the patient's request for service, nor allow the patient's socioeconomic status to influence our demeanor or the care that we provide.
- To not use professional knowledge and skills in any enterprise detrimental to the public well-being.
- To respect and hold in confidence all information of a confidential nature obtained in the course of professional service unless required by law to divulge such information.
- To use social media in a responsible and professional manner that does not discredit, dishonor, or embarrass an EMS organization, co-workers, other health care practitioners, patients, individuals or the community at large.
- To maintain professional competence, striving always for clinical excellence in the delivery of patient care.
- To assume responsibility in upholding standards of professional practice and education.
- To assume responsibility for individual professional actions and judgment, both in dependent and independent emergency functions, and to know and uphold the laws which affect the practice of EMS.
- To be aware of and participate in matters of legislation and regulation affecting EMS.
- To work cooperatively with EMS associates and other allied healthcare professionals in the best interest of our patients.
- To refuse participation in unethical procedures and assume the responsibility to expose incompetence or unethical conduct of others to the appropriate authority in a proper and professional manner.

Originally written by: Charles B. Gillespie, M.D., and adopted by the National Association of Emergency Medical Technicians, 1978. Revised and adopted by the National Association of Emergency Medical Technicians, June 14, 2013.

Department Structure

<i>Program Director</i>	Charles Jenness, NRP, I/C Assistant Professor, EMS Program Department Chair	Phone: 508-270-4038 Email: cjenness@massbay.edu
<i>Medical Director</i>	Adam Darnobid, M.D. Chief, Emergency Medicine, St. Vincent's Hospital, Worcester, MA	
	William Johnson, NRP, Assistant Professor wjohnson@massbay.edu	
	Alena Legros, MS, EMT-B, Assistant Professor alegros@massbay.edu	
	Joe Murphy, DBH, NRP, I/C, CCP-C, Assistant Professor jmurphy@massbay.edu	
<i>Adjunct EMS Instructors and Lab Assistants</i>		

Philosophy of the Teaching - Learning Process

The EMS Department believes that community college students vary widely in terms of their ethnic and cultural backgrounds, life experiences, learning styles, and maturity. The college setting provides the opportunity for students and faculty to participate in cultural, intellectual and social activities, which foster the continued self-growth of the individual. The EMS Department believes in self-growth, including ongoing self-assessment and evaluation.

We believe that technological and social advances in the healthcare field create the ongoing need for adapting emergency medical technology education to meet the changing needs of society. We provide learning experiences in settings that help students adapt to changing health needs.

We believe that education is an active process of imparting knowledge and facilitation of student learning. The faculty utilizes a systematic problem-solving approach that builds on previously learned knowledge and experience. We believe that teaching is a dynamic process constructed through instructor-student interaction and collaboration with peers. The faculty selects strategies, organizes content, arranges experiences, and facilitates learning, taking into consideration cultural factors, ethnic background and individual learning styles of students.

Learning is the process by which one gains new insight, understanding and ability through reinforcement, practice, and experience. We believe that adult students perceive learning experiences as meaningful when instruction is directed toward pertinent, applicable goals. Effective learning is measured by identifiable changes in the individual.

We believe that through the consistent application of the teaching-learning process in the educational

environment, and support services to assist them, our students will have mastered all the necessary competencies to practice as an EMT or Paramedic upon successful completion of the program.

Simulation-Based Education

MassBay's Division of Health Sciences Interdisciplinary Simulation Center provides students with state-of-the-art human patient simulators and equipment to use in increasingly challenging real-life scenarios throughout the curriculum. Under the leadership of the Skills and Simulation Manager and EMS faculty, students are immersed in innovative and evolving clinically accurate simulations to refine their clinical, communication, and crisis management skills.

Simulation is the link between theory and clinical practice reinforcing critical skills such as clinical decision-making, time management and prioritization, and team dynamics that cannot be taught in the classroom setting. Immersing students in patient care at the bedside includes the sights, sounds, smells, and interpersonal dynamics essential for prehospital practice. These are the skills that lead to success on the NREMT and in practice.

MassBay EMS is a leader in simulation with a nationally recognized Standardized Scenario Program since 2014, which includes nearly 150 validated and adaptable scenarios covering all areas of the curriculum. Simulations begin in the skills lab where foundational skills are mastered and then integrated into formative scenarios and culminate in increasingly complex summative cases where students take the lead, performing all skills and assessments, extricating patients and continuing care in an ambulance, and transferring care to medical teams in the hospital. Using high-resolution cameras and debriefing software, instructors provide structured debriefing with video to provide feedback and guidance on areas of strength and future performance improvements.

EMT and Paramedicine students are exposed to simulation from the beginning of their studies. All lab and clinical-based courses include simulation. Skills are initially taught in a foundations lab, then all skills are implemented in simulation. Skills and scenarios increase in complexity and duration allowing for more student engagement.

- *EMT Clinical and Field Practice (EM 105) is a simulation-based patient assessment course held weekly throughout the program that includes moderate and high-fidelity simulation.*
- *Foundations of Paramedicine (PM 201) focuses on mastery of patient assessment, vascular access and medication administration, and airway management using task trainers, moderate, and high-fidelity simulation.*
- *Cardiology (PM 204) teaches team dynamics and ACLS management of critical cardiac patients in a high-fidelity environment.*
- *Trauma and Special Patients (PM 206) teaches patient management of trauma, obstetrics, pediatrics, and geriatrics patients using moderate and high-fidelity simulation.*
- *Clinical Decision Making (PM 207) is a medical capstone course focusing on complex patient management in multiple content areas across the lifespan using high-fidelity simulation.*

- *Clinical and Field Education courses (PM 210, 211, 212) include a minimum of 120 hours of high-fidelity clinical simulation leading to increasingly independent clinical practice.*

Faculty mailboxes

Mailboxes for full-time faculty are located in the faculty office area. Mailboxes for adjunct faculty are located in the adjunct office/copy room.

Students should place assignments and written correspondence in the appropriate faculty mailboxes as directed by faculty members.

Advising

Full-time EMS professors serve as primary advisors for all EMS students. Advisors will be available during posted office hours or via email to discuss student concerns or questions. It is recommended that students meet with their advisors frequently.

Faculty advisors are assigned at the beginning of each year. Students can identify their advisor by logging into Bay Navigator. Advisors will hold advising sessions at the beginning of each semester and during Advising Week in addition to office hours. If problems are beyond the scope of the instructor, then the student may be referred to a MassBay counselor or an academic advisor in the Office of Advising.

Everyone learns at different rates and in various ways. The faculty recognizes this fact as a naturally occurring phenomenon. If a student is struggling with any content area, additional review with an instructor will be scheduled to help the student understand the material. Any time a student perceives a potential problem, they should bring the matter to the attention of their faculty academic advisor immediately.

Academic advising is a proactive, ongoing process designed to foster campus-wide relationships, while empowering the student to achieve their goals for success. In partnership with advisors and counselors, students will make informed decisions to develop educational plans and maximize their potential as students and community members.

Students who score less than 77% on any exam or competency will receive a performance notification, must meet with their advisor and the course instructor to develop a plan for success within one week of notification.

Any student who leaves an EMS program for any reason should meet with the Department chair to discuss educational options and complete a departure form.

Student Representatives

Each paramedic class will elect a President to serve for the entirety of the program. Depending on class size a Vice President may be elected to assist the president with his/her duties.

The President (and Vice President) will:

- Serve as a liaison between faculty and the students.
- Coordinate activities and student involvement in the EMS Club.
- Assist in planning and coordinating the pinning ceremony conducted at the conclusion of the program.
- Serve as a member of the EMS advisory board and attend faculty meetings, if requested.

Squads

Each EMS class is divided into small groups. These groups are referred to as *Squads* and will be assigned a number. Squads may choose a name for their team. Once formed, each squad will remain as a cohesive team working together throughout the semester. Squads will work together during skill practice sessions and lab competencies. In addition, squads are encouraged to assemble outside of class to study for written and practical skills exams.

Faculty will take care to assign students to ensure students who have limited EMS experience are paired with more experienced EMTs (Paramedicine) or First Responders (EMT). Squads will form a cohesive unit through all courses and activities throughout the EMT and Paramedicine courses.

Precedence has shown that a strong squad fosters strong individuals. In an effort to develop leadership skills and encourage accountability, each squad must select a member to be Squad Leader.

The intent of squads is to establish functional learning units fostering collaboration, leadership, decision-making, and team dynamics throughout the program. Regarding the selection and maintenance of the squads, faculty will continually assess the efficacy of the squad members and leaders. Faculty may, for a variety of reasons, reassign squad members and leaders. If the faculty believes, based on observation and/or student evaluation, that the squad is unable to work together effectively, then squads will be reassigned to ensure effective learning environments for all students. In addition, faculty reserves the right to randomly reassign squads to allow all students to work together during their program.

Enrollment

Students can self-register for EM 101 and EM 105 and must attend an orientation. Students are encouraged to register early in the registration session to allow adequate time to obtain textbooks and required materials.

To register for any Paramedicine course, students must be accepted to the program, attend an orientation, meet all prerequisites, and obtain a signature from their EMS faculty advisor. First-semester students will register for classes in orientation. After the first semester, students will meet with their

advisors to receive permission to register at the completion of the semester.

Graduation, Certification, and Licensure

Graduation

Students must complete a graduation application during their last semester of study. This form is available at the Office of the Registrar. Students must complete all required courses, maintain an overall GPA of 2.0 and EMS GPA of 2.3, and satisfy all financial obligations to the College. Upon completing all program requirements, graduates will be eligible to seek certification and licensure.

Certification

All eligible graduates may sit for the National Registry of Emergency Medical Technicians (NREMT) certification exam at the appropriate level. NREMT certification is required for EMT and Paramedic licensure in Massachusetts and most other states.

This exam consists of a psychomotor exam and a cognitive exam, which may be taken in any order. These fees are not included in the program tuition and fees.

Eligibility for Certification

EMT

- Earn at least a C+ (77%) in BOTH EM 101 and EM 105
- Pass all parts of course final examinations
- Meet attendance requirements
- Complete all Planner documentation by stated deadline
- Pass all EMS Testing Requirements by the stated deadline
 - Overall score on all attempted questions must be at least 70% (correlates to NREMT passing)
 - Earn scores of “Good” or “Exceptional” in all required EMS Testing Modules
- Earn endorsement of Program Director
 - *Remediation may be prescribed prior to becoming eligible. If you require remediation, a written plan will be provided to you.*

Paramedic

- Earn at least a C+ (77%) in all Paramedicine courses and C (73%) in all science courses.
- Pass all parts of course final examinations including all terminal competencies and the comprehensive summative exam at the end of PM 212.
- Meet attendance requirements

- Meet or exceed all Portfolio benchmarks in Platinum Planner for lab, scenario, clinical, and field components of the Paramedicine Program. No student may be eligible for NREMT testing without a complete and approved Portfolio.
- Pass all EMS Testing Requirements by the stated deadline
 - Overall score on all attempted questions must be at least 70% (correlates to NREMT passing)
 - Earn scores of “Good” or “Exceptional” in all required EMS Testing Modules
- Earn endorsement of Program Director and Medical Director
 - *Remediation may be prescribed prior to becoming eligible. If you require remediation, a written plan will be provided to you.*

Exam Process

- The psychomotor exam or practical skills exam tests students on the practical skills and assessment techniques learned in the program.
 - EMT
 - Candidates will take a psychomotor exam administered by MA OEMS at MassBay in December, May, or July/August.
 - ***Students register for CU 133- EMT Psychomotor Exam and pay \$175 fee to MassBay no less than 1 week prior to the examination.***
 - Paramedic
 - Candidates will take a psychomotor exam administered by an NREMT representative at MassBay in either September or June at the completion of the program.
 - ***Students register for CU 153- NREMT Advanced Exam If a Paramedic psychomotor exam is scheduled at MassBay, the cost of this exam is \$250 payable to MBCC no less than 3 weeks prior to the examination.***
 - EMT Candidates have 3 attempts to pass the psychomotor exam. Paramedic candidates have 2 full attempts to pass the psychomotor exam.
- The cognitive exam is a computer-adaptive exam based on criterion-referenced and validated exam items on all components of EMS care and operations.
 - This exam is administered at computerized testing locations throughout MA.
 - The cost of the EMT exam is \$104 payable to NREMT.
 - The cost of the Paramedic exam is \$175 payable to NREMT.

- Candidates have 3 initial attempts to pass this exam at which point remediation is required, followed by a final 3 attempts. Each attempt carries a \$104 fee (EMT) and \$175 (Paramedic).
- Fees for these exams are not included in the program fees and tuition because the College does not administer the examination. More information about the exams may be found on the NREMT website at www.nremt.org.

Licensure

Once students successfully complete both parts of the NREMT initial examination, they may apply to the MA Office of Emergency Medical Services for licensure at the appropriate level. The initial fee for Licensure is \$150, payable to MA OEMS upon completion of the NREMT exam. Licensure applications and fees are described on the MA OEMS website at www.mass.gov/dph/oems. EMS licenses are valid for 2 years and must be recertified biannually upon completion of mandatory continuing education and current NREMT certification.

PROGRAM STRUCTURE

Emergency Medical Technician Certificate

Introduction

The Emergency Medical Technician Program consists of 2 courses, EM 101 and EM 105. Principles of Prehospital Care (EM 101) is a 6-credit foundations course in the principles and practice of emergency medical treatment and transportation. Accompanying this course is a 2-credit EMT Clinical and Field Practice (EM 105) that prepares students for professional practice through a structured internship with intensive simulation laboratory and local EMS agencies.

Upon successful completion of both EM 101 and EM 105, students will be eligible to take the National Registry of EMTs certification exam. Both courses must be completed in the same semester.

Curriculum

The primary focus of the Emergency Medical Technician is to provide basic emergency medical care and transportation for critical and emergent patients who access the emergency medical system. This individual possesses the basic knowledge and skills necessary to provide patient care and transportation. Emergency Medical Technicians function as part of a comprehensive EMS response, under medical oversight. Emergency Medical Technicians perform interventions with the basic equipment typically found on an ambulance. The Emergency Medical Technician is a link from the scene to the emergency health care system.

The EMT Certificate prepares students for careers in Emergency Medical Services as EMTs in the private and public service areas upon completion of coursework and national certification exams and licensure

as an EMT.

Students must complete both courses with a C+ or higher in order to graduate and be eligible for the NREMT certification exam.

MassBay Emergency Medical Technician Program				
Orientation (1 day)	Didactic	Lab Rotations	Simulation/Field Rotations	NREMT Prep (1 week)
	Principles of Prehospital Care for the EMT (16 weeks)	EMT Skills Lab (16 weeks)	Simulation Rotations (16 weeks)	
			Prehospital Field Rotations (8 weeks)	
	16 weeks			
	4 hours/week	4 hours/week	4 hours/week (Sim) Self Scheduled ~ 20 hours (Field)	
	Credits-4 Lecture Hours- 60	Credits-2 Lab Hours- 60	Credits- 2 Lab Hours- 40 Field Hours- 20+	

Program Options

There are currently day and evening options for EMT courses every Fall and Spring Semester. A 10-week accelerated program is offered in the summer. EM 101 is the classroom and lab component, and EM 105 is a simulation laboratory and off-campus clinical experience. Simulation laboratory meets on campus for at least 40 hours, once a week during the semester for 4 hours in fall and spring and 6 hours in the summer. Clinical/Field scheduling requires a minimum of 20 hours and will depend on the availability of rotations at affiliate agencies. The program will strive to offer day, evening, night, and weekend scheduling.

Please note that students must be compliant with all Division and Program health, vaccination, and other requirements as verified through Viewpoint Screening prior to commencing agency.

Course	Course Name	Description	Credit	Lec	Lab	SIM	Clinic	Field
EM 101	Principles of Prehospital Care	This course focuses on the fundamental theory, principles, and practice underlying the provision of prehospital emergency care as Emergency Medical Technicians (EMTs) based on current Massachusetts and national guidelines and evolving evidence-based practice recommendations. This course explores EMS systems and operations, airway and ventilation management, resuscitation, patient assessment and treatment of common medical, trauma, and behavioral emergencies throughout the lifespan, and connects pathophysiology to prehospital management. Students must successfully complete both EM 101 and EM 105 in the same semester to be eligible to take the National Registry of EMTs (NREMT) EMT certification examination.	6	60	60	0	0	0

EM 105	EMT Clinical and Field Practice	This course provides students with clinical education experiences through simulation and clinical/field rotations to enhance knowledge and skills acquired in EM 101 and prepare for the National Registry of EMTs exam and professional practice as EMTs. Students will develop portfolios documenting all patient care activities, preceptor evaluations, and self-reflections. Students will participate in and document comprehensive patient care for no less than 20 patients through simulation and clinical/field experience. Please note that students must be compliant with all health and vaccination requirements in order to be placed in a clinical/field rotation. Students must successfully complete both EM 101 and EM 105 in the same semester to be eligible to take the NREMT EMT certification examination.	2	0	0	60	0	20
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Non-Matriculated Student Option

Students may elect to take EM 101 and EM 105 as course electives or as non-matriculated students. They must meet the following requirements in order to register for classes:

- Meet with Program Director
- Be at least 18 years old or will be 18 within 60 days of program completion
- HS Grad or equivalent will have been earned prior to or near program completion

Certificate Admissions Requirements

- HS Diploma or GED
- **English Placement** - MassBay placement into English Composition I (EN 101)  College Writing (EN 100) or completion of Intro to Language (EN 090).
- **Reading** - Successful completion of Reading Assessment Test with a score of 72 or higher. Refer to the Competitive Programs Admissions Requirements.

All EMT Students

- Attend a program orientation
- CORI (Criminal Offender Record Information) and SORI (Sexual Offender Registry Information) background checks are required prior to clinical placement and will be conducted in accordance with state regulations. CORI and SORI results are confidential.
- Students who do not submit the required Division of Health Sciences (DHS) health forms or other required information will not be able to attend clinical rotations. This will have a negative impact on the student's ability to complete the program. Forms/ information must be submitted to the student's Viewpoint Screening account. Students are encouraged to begin completing the

required immunizations at least one semester prior to enrolling. Refer to the DHS Student Handbook for additional information.

Paramedicine Certificate

Introduction

The Paramedic is an allied health professional whose primary focus is to provide advanced emergency medical care for critical and emergent patients who access the emergency medical system. This individual possesses the complex knowledge and skills necessary to provide patient care and transportation. Paramedics function as part of a comprehensive EMS response under medical oversight. Paramedics perform interventions with the basic and advanced equipment typically found on an ambulance. The Paramedic is a link from the scene into the health care system.

The Paramedicine Certificate prepares students for careers in Emergency Medical Services as Paramedics in the fire service, private agencies, hospitals, and other settings in private and public service areas upon completion of coursework and national certification exams for EMTs. The curriculum combines didactic, laboratory, and clinical and pre-hospital field rotations to provide students with the skills required to prepare for certification and practice.

Day Paramedicine Program

The **Day Paramedicine Program** begins in September and is conducted over the course of one year - Fall, Spring, and Summer semesters. The didactic phase is completed in the first 1.5 semesters. The clinical phase begins in the second half of the Spring semester and runs for approximately 3 months. Finally, the field internship is completed over 10 weeks in July and August.

Classes are scheduled full-time during the day between 7:00am and 5:00pm on weekdays. Students should consult the College Course Offering online or their advisor for the updated course offerings and schedules. Clinical and Field rotations are based on availability with program affiliates. The Clinical Coordinator will make an attempt to secure day shift availability; however, clinical and field rotations may only be available on evenings and weekends. Students completing anesthesia rotations are required to be present for a consecutive week (M-F) during the day starting between 6 am and 7am and ending between 3pm and 5pm.

Day Paramedicine Program											
Orientation (1 day)	Didactic			Clinical Prep and Orientation (4 weeks)	Clinical Rotations		Field Prep and Orientation (1 week)	Field Rotations		NREMT Prep	
	Fall Semester		Spring I		Spring II			Summer I			
	Anatomy & Physiology		Trauma and Special Patient Populations		Emergency Care Clinical I (8 weeks)			Emergency Care Clinical I (8 weeks)			
	Foundations of Paramedicine		Clinical Decision Making								
	Prehospital Pharmacology				Clinical Seminar (8 sessions)						
	Current Issues in Paramedicine				Clinical Case Study Project						
	Cardiology										
	Medical Emergencies										
	16 weeks		8 weeks		16 weeks						
					7am-3pm MTWRF						
Credits-18/19 Lecture Hours- 195 Lab Hours- 165		Credits-7 Lecture Hours- 56 Lab Hours- 88		Credits-3 Clinical Hours- 140 Lab Hours- 20		Credits-4 Lecture Hours- 160 Lab Hours- 40		Credits- 5 Field Hours- 250 Lab Hours- 40			

Evening Paramedicine Program

The **Evening Paramedicine Program** offers the same curriculum as the day option and begins in January with courses offered in the Spring, Summer, Fall, and following Spring semester. This option extends the didactic phase to 2.5 semesters, allowing for part time enrollment. The clinical and field phases follow the same requirements as the day program.

Classes are scheduled on Tuesday, Thursday, and some Wednesday evenings between 5:00pm and 10:00pm. The schedule may vary, but it will be posted prior to the registration period. Students should consult the College Course Offerings online or advisor for the updated course offerings and schedules.

Clinical and Field rotations are based on availability with program affiliates. The Clinical Coordinator will make an attempt to secure evening shift availability; however, clinical and field rotations may only be available on days, evenings, and weekends. Students completing anesthesia rotations are required to be present for a consecutive week (M-F) during the day, starting between 6 am and 7am and ending between 3pm and 5pm.

MassBay Evening Paramedicine Program										
Orientation (1 day)	Didactic				Clinical Prep and Orientation (1 week)	Clinical Rotations		Field Prep and Orientation (varies)	Field Rotations	NREMT Prep
	Spring Semester	Summer	Fall I	Fall		Fall II	Spring I		Spring II	
	Essentials of A&P	Cardiology	Trauma and Special Patient Populations	Clinical Decision Making		ED Clinical Rotations (8 weeks)	Hospital Clinical Rotations (8 weeks)		Prehospital Field Rotations (8 weeks)	
	Foundations of Paramedicine	Medical Emergencies				Clinical Seminar (8 sessions)			Open Lab and Remediation	
	Prehospital Pharmacology					Clinical Case Study Project			NREMT Prep	
	Trends for the Paramedic					16 weeks			10-12 weeks	
	16 weeks	12 weeks	8 weeks	16 weeks		3pm-11pm MTWRF Seminar time varies			Self Scheduled 32 hours/week	
	Credits-10 Lecture Hours- 105 Lab Hours- 90	Credits-8 Lecture Hours- 90 Lab Hours- 60	Credits-4 Lecture Hours- 32 Lab Hours- 64	Credits-3 Lecture Hours- 15 Lab Hours- 60		Credits-3 Clinical Hours- 140 Lab Hours- 20	Credits-4 Lecture Hours- 160 Lab Hours- 40		Credits- 5 Field Hours- 250 Lab Hours- 40	
	5pm-10pm-T/R	5pm-10pm-T/W/R	5pm-10pm-T/R	5pm-10pm-W						

Degree and Transfer Options

The Certificate program prepares graduates for professional practice, but advanced study affords students greater educational and career mobility. Students are encouraged to complete an Associate's degree and continue to advance their education.

There are specialized Paramedicine and EMS degree options offered in Massachusetts and throughout the United States. Springfield College and Anna Maria College offer Bachelor's degrees. Many or all of the EMS course credits may transfer to these degree programs. Additional information about transferring can be found in the Transfer Office.

Curriculum

Course	Course Name	Description	CrHr	Lect	Lab	SIM	Clinic	Field
Anatomy and Physiology			3/4	30 / 45	30	0	0	0
PM 201	Foundations of Paramedicine	This course focuses on the integration of theory, skills, and clinical decision making for the foundations of Paramedicine according to current state and national guidelines. An emphasis is placed on EMS systems, communications and scene management, EMS operations, pathophysiology, and assessment of acute and chronic patients who present with medical problems. The scenario-driven laboratory component of this course focuses on airway and ventilation management, vascular access and medication administration. It fosters team membership, leadership skills, and clinical decision-making.	4	30	30	30	0	0
PM 202	Prehospital Pharmacology	This course covers all aspects of pharmacology relating to safe and appropriate prehospital pharmaceutical interventions. Students will learn the principles of pharmacology, the FDA approval process, and medication administration techniques. Students will be expected to use problem-solving skills in case-based practical applications. The lab component of this course focuses on drug dosage calculation strategies.	2	30	15	0	0	0
PM 203	Current Issues in Paramedicine	This course covers current issues and emerging trends in paramedic field practice including roles and responsibilities, medical control, occupational stress, safety, affective behaviors, and medical-legal considerations. Each session encourages critical thinking in protocol interpretation, research design, and preparation for entry into the EMS job market.	1	15	0	0	0	0
PM 204	Cardiology	This course focuses on the conduction system of the heart, electrocardiography, interpretation of cardiac rhythms, and the treatment of cardiac dysrhythmias. This course also covers the pathophysiology, clinical manifestations, and treatment of cardiovascular emergencies. The lab component of this course provides comprehensive coverage of pathophysiology and management of cardiovascular emergencies using critical thinking through a scenario-based approach. Students will also earn Advanced Cardiac Life Support (ACLS) certification at the end of this course.	5	45	15	45	0	0
PM 205	Medical Emergencies	This course focuses on concepts of pathophysiology and priorities for management of medical emergencies across the lifespan. Clinical decision making will be emphasized using a scenario-based approach in this lecture course.	3	45	0	0	0	0

PM 206	Trauma and Special Patient Populations	This course provides comprehensive coverage of the assessment, pathophysiology and management of trauma and special patient populations: Obstetrics, Pediatrics, Geriatrics, Chronic Disease and patients with special needs. The scenario-driven lab component is designed to develop team leadership skills and clinical decision-making with an emphasis on paramedic assessment, triage and prioritization, diagnostic skills, treatment goals, and outcomes.	4	30	15	45	0	0
PM 207	Clinical Decision Making	This course is designed to integrate paramedic knowledge, skills and behaviors through practice and lecture. This scenario-driven course is designed to develop clinical decision-making and team leadership skills in the management of medical, traumatic, and psychological problems across the lifespan. The focus of the lecture and lab course is field assessment, diagnostic skills, treatment goals and outcomes.	3	15	15	45	0	0
PM 210	Emergency Care Clinical I	This clinical rotation provides a comprehensive emergency department experience that focuses on theory, assessment, invasive skills, and affective behaviors expected of a paramedic under the direction of a preceptor or instructor. The companion lab is designed to cover advanced topics in clinical practice, EMS operations, strategies for success, case review, and standardized patient scenarios. A minimum of 140 hospital clinical hours and 40 lab hours are required.	3	0	0	40	140	0
PM 211	Emergency Care Clinical II	This clinical rotation provides a comprehensive hospital experience that focuses on theory, assessment skills, invasive skills, and affective behaviors expected of a paramedic under the direction of a preceptor or instructor. Students rotate through Anesthesia/OR, ICU, Pediatrics, Labor & Delivery, and Behavioral Medicine. The companion lab is designed to cover advanced topics in clinical practice, EMS operations, strategies for success, case review, and standardized patient scenarios. A minimum of 160 hospital clinical hours and 40 lab hours are required.	4	0	0	40	160	0
PM 212	Paramedic Field Practice Capstone	The paramedic field practice capstone course is a comprehensive field experience where students work under the supervision of a paramedic on Advanced Life Support (ALS) ambulances for at least 250 hours. Students are required to participate in the comprehensive emergency medical care for at least 50 patients at the ALS level and serve as a team leader for a minimum of 25 of those calls. Students submit written documentation throughout the field rotations. This course also includes 40 hours of National Registry exam preparation at the conclusion of field rotations.	5	0	20	20	0	250

Admission Requirements

Applicants seeking admission to health profession programs will be evaluated on an individual basis. Students seeking admission will be evaluated by GPA and total number of college-level credits completed at MassBay. Priority for admission is given to current MassBay students. Applicants must also meet all other required course prerequisites for the program. Minimum eligibility for admissions to this program includes:

- HS Diploma or GED
- MassBay Placement into English Composition I (EN 101).
- MassBay Placement into Intermediate Algebra (MA 098) or completion of MA 95 with a grade of C or higher.

- Successful completion of Reading Assessment Test. Refer to the Competitive Programs Admissions Requirements.
- Current Nationally Registered and/or state-certified EMT required prior to enrolling in Paramedicine courses. Students who enter with NREMT EMT Certification only must obtain the MA EMT certification prior to enrolling in PM 210.
- Current CPR certification (AHA BLS, ARC Professional Rescuer, Military Training Network).
- CORI (Criminal Offender Record Information) and SORI (Sexual Offender Registry Information) background checks are required prior to clinical placement and will be conducted in accordance with state regulations. CORI and SORI results are confidential.
- Students who do not submit the required Division of Health Sciences (DHS) health forms or other required information will not be able to attend clinical rotations. This will have a negative impact on the student's ability to complete the program. Forms/ information must be submitted to the student's Viewpoint Screening account. Students are encouraged to begin completing the required immunizations at least one semester prior to enrolling. Refer to the DHS Student Handbook for additional information.

Advanced Placement and Transfer Credit

Prospective students requesting credit earned for previous training at another post-secondary institution must apply at the time of enrollment or prior to starting their program. For credit to be considered, the institution where the credit was earned must be accredited by an agency recognized by the United States Department of Education (USDE), the Council for Higher Education Accreditation (CHEA), or the military, and the credit must originate from a similarly titled course. MassBay does accept credit earned through challenge examinations, achievement tests (advanced placement), portfolio, and experiential learning for selected courses. Interested students are encouraged to meet with an Academic Advisor to discuss their options.

Currently, we do not offer Advanced Placement or transfer credit for prior EMT, Paramedicine, Nursing, or other health professions education for students seeking initial EMT or Paramedicine education. Any changes to these policies will be communicated in writing.

PROFESSIONAL STANDARDS

Student Conduct

The EMS Faculty regards the student as an adult learner who comes to the program with a variety of life experiences, knowledge, and learning styles. Students are expected to exhibit a maturity level consistent with adulthood and to maximize the learning experiences available throughout the program. Students

are responsible for their own behavior at all times.

- Students in the EMS programs are expected to always conduct themselves in a professional and respectful manner in classroom, laboratory, and clinical areas, with faculty, clinical and lab instructors, staff, peers, patients, family and allied health staff. Disrespectful and unprofessional behaviors or communication will result in disciplinary action.
- Students are expected to demonstrate caring and compassion for others.
- Student behavior should reflect physical and emotional well-being.

As an adult learner, the EMS student is expected to conduct themselves in the classroom and laboratory as an adult. Faculty expect adult behavior to include, but not be limited to, showing respect and consideration for faculty and classmates by:

- Attending all classes
- Arriving on time
- Paying attention in class or lab; no talking to classmates during lecture
- Not leaving class except at breaks or the end of class
- Being prepared for class and lab by reading or submitting Tickets to Enter prior to class
- Not using cell phones, laptops, or tablets for non-academic purposes at any time.
- Notifying instructors if unable to attend class
- Reviewing assignments in the syllabus and online prior to class

Attendance Policy

The College and the Division of Health Sciences have a strict attendance policy. MA OEMS as well as national accreditation standards require attendance at all class, lab, clinical, and field rotations. Attendance at all course meetings is essential for student success and mastery of the curriculum.

- **Faculty will provide contact information in the syllabus or during orientation to allow students to notify instructors in case of tardiness or absence.**
- If the student misses a didactic class, they are expected to notify the instructor as soon as possible, preferably before the class to be missed. Students must complete any makeup assignments at the discretion of the faculty. **Students may not miss more than 5 hours of any class.** Any student missing 5 or more hours of any class may be withdrawn from the course. Faculty may set additional attendance requirements that may be stricter than this policy.
- If the student misses a laboratory class, they are expected to notify the instructor as soon as possible, preferably before the lab to be missed. **Students may not miss more than 5 hours of any**

class. Any student missing 5 or more hours of any class may be withdrawn from the course. All lab time must be made up in Open Lab by the prescribed date issues by the faculty member. No student who misses a lab will be exempt from any required skills testing.

- If the student misses a clinical or field experience, they are expected to notify the clinical/field agency and the instructor prior to the scheduled clinical experience. Failure to notify the instructor prior to the scheduled clinical absence will result in the student's withdrawal from the EMS course.
 - The faculty will determine makeup assignments for all clinical absences. It is the responsibility for the student to obtain the make-up assignment from the clinical faculty and complete the assignment as instructed.
 - Makeup shifts at clinical or field agencies will be scheduled on a space-available basis. It may not be possible to schedule additional time within the time frame of the semester. Attendance at all scheduled shifts is essential to ensure that students will successfully complete clinical and field courses.

ABSENCE POLICY ABSENCE DUE TO HOSPITALIZATION

Any student who is hospitalized while enrolled at MassBay must meet with Student Development for a reentry meeting to discuss resuming their studies. When ready to return to the College, the student should contact Student Development in order to complete the necessary paperwork and to schedule a re-entry meeting. Students may not resume their academic coursework until they meet with Student Development. Please note: hospitalization and illness are not considered as excused absences, but are up to the discretion of the faculty member. When the College is first informed of the student's hospitalization, the College will place a medical "hold" on the student's registration, pending the student's re-entry meeting. Throughout the process, the highest level of confidentiality will be maintained. Please contact Student Development at 781-239-3142 for questions and additional information.

ABSENCE DUE TO JURY DUTY

According to the Office of the Jury Commissioner of the Commonwealth of Massachusetts, "Juror Service in participating counties shall be a duty which every person who qualifies under this chapter [Chapter 234A] shall perform when selected" (<https://malegislature.gov/Laws/GeneralLaws/PartIII/TitleII/Chapter234A/Section3>). Students who must miss class in order to fulfill their jury service requirement should notify each of their instructors and make arrangements to complete any missed work. Students may be required to furnish their summons notice or the certificate of service when making these arrangements. Further information can be found in the Office of Jury Commissioner's website at www.massjury.com.

ABSENCE FOR ACTIVE MILITARY DUTY

Students who are called to active United States Military Duty shall, upon verification, be granted

exceptional consideration for making up any missed work should their service cause a temporary interruption in the semester. Students who are unable to complete a semester because they are called to active United States Military Duty shall, upon verification, be granted non-punitive withdrawals in all courses from which they are required to withdraw. Students may also submit a Student Financial Petition for a refund to the Office of Student Accounts. Verification shall be provided by furnishing the Dean of Students, Registrar, or the Veteran & Military Services Coordinator with a copy of the Order to Active Duty within one week (7 days) of receipt of the Order. Students who are using GI Bill or other military benefits or have received any form of Financial Aid, including a scholarship or student loan, or who expect to receive such, must contact the Office of Financial Aid and the Veteran & Military Services Coordinator to make appropriate arrangements.

Students are requested to provide documentation for all absences. Students who are absent due to illness or injury may be required to present documentation from a medical provider (MD, DO, PA, NP) that clearly states the date that illness began and the date the student has been cleared to return to class or clinical/field.

When the maximum number of absences is reached, regardless of reason, the student will receive a performance notification indicating the consequences of exceeding allowed absences. Students who exceed the maximum number of absences will be withdrawn from the course. Students will be allowed to appeal any withdrawal action according to DHS policy.

PREFERRED FIRST NAME POLICY

The College recognizes that some students may prefer to use a first name other than their legal name to identify themselves. As long as a preferred first name is not for an improper purpose, the College acknowledges that a preferred first name can and should be used where possible in the course of college business and education. A student may use a preferred first name wherever a legal name is not required on internal documents, communications, systems, and web portals. To request a preferred first name, a student should complete the Preferred First Name Change Form available in the Registrar's Office.

Students in the EMS Program MUST use their full legal name for the following:

- **Student Identification badge to be worn at Clinical and Field sites**
- **Student email to be used in communication with instructors and clinical and field preceptors**
- **Blackboard**
- **Platinum Planner**
- **EMS Testing**
- **Class Roster**
- **Advisor List**
- **AHA BLS Provider Card**
- **AHA ACLS Provider Card**

- **AHA PALS Provider Card**
- **EMPACT Provider Card**
- **NRP Provider Card**
- **NREMT Roster**
- **OEMS Roster**
- **Course Completion Certificate**
- **Diplomas, Awards, and Recognitions**
- **NREMT Certification**
- **State Licensure**

Legal Names must match your State Driver's License exactly.

You will apply to government agencies for certification and licensure to work closely with vulnerable populations. These applications will require using your legal name and social security number. There is no exception to this process.

Academic Honesty

The faculty of the EMS Department assumes that all students come to the program for an educational purpose and expects them to be mature, responsible individuals who will exhibit high standards of honesty and conduct in their academic life. Any academic dishonesty is a serious offense against the program's faculty and students. The EMS faculty defines academic dishonesty as performing, aiding, or inciting any of the following actions, in a course or in any other situation involving academic credit:

- Providing or using unauthorized books, notes, or other sources of information during an examination.
- Submitting another person's work as one's own. This includes, for example, copying during examinations, purchasing papers, copying papers, reports, laboratory, or computer results, and presenting material from another course either directly or by paraphrase, without acknowledgment.
- Doing work for which another person will receive credit. This includes, for example, allowing one's examination answers, report, laboratory, or computer results to be submitted by another person as his or her own work.
- Falsifying academic documents such as transcripts, registration materials, withdrawal forms, or grade reports.
- Unauthorized reading, removing, or copying of any academic document or academic record maintained by any member of faculty or administration.
- Using unauthorized assistance in the laboratory, at the computer terminal, or clinical placement.

- Theft, copying, or destruction of another person's computer program or file, or deliberate prevention or deprivation of another's access to the college computer system or resources, or the impeding of the system's performance.
- Theft or unauthorized removal of books or periodicals from the library or mutilation of such library materials.
- Falsifying or fabricating data or results from research or clinical practice.

Violations in this area constitute grounds for immediate dismissal from the program and the college. Guidelines for academic honesty can also be found in the MassBay college planner and handbook.

Confidentiality

See Sec 3.0 of DHS handbook for additional information about confidentiality and social media

Laboratory

All laboratory sessions are confidential. Students may not record any part of laboratory exercises. In addition, students may not share any details, images, or videos through any form of social media. Students may not share images or videos with one another. Faculty may record or photograph the lab sessions for review or marketing purposes. No image will be used without the written consent of all parties involved.

Clinical and Field

Patient confidentiality shall be respected in the clinical setting. Students are not allowed to photocopy any patient's medical records. This includes patient charts and EMS run reports. Any discussion of the physical or social life of patients, MassBay Community College EMS faculty, preceptors, hospital, fire, and law enforcement personnel is strictly unethical. Likewise, any proprietary equipment may not be used for any purpose other than patient care. Photographs and videos in the clinical and field setting are strictly prohibited. Unprofessional conduct will result in the student's withdrawal from the Paramedicine/EMT Program.

Scenarios

All simulation exercises from preparation, running the scenario, and debriefing are confidential. Faculty may record scenarios and competency examinations for review purposes. These recordings will be held confidential and may be included in the student's file. Recording testing and teaching scenarios allows for faculty review and continuous quality improvement of both scenarios and teaching and learning process.

Students may review their performance on any recorded scenario or competency. Students may be allowed to access a copy of their performance on laboratory competencies for personal study and practice purposes only.

Students may not record any part of the simulation. Students may not discuss any part of the simulation with other students outside of the simulation process. In addition, students may not share any details, images, or video through any form of social media. Confidentiality of scenarios and examination process must be maintained to ensure fairness for all students and the integrity of the educational process.

Examinations

All exams and course assessments are considered confidential and the property of the instructor. Students may not discuss exam questions or keep any exam without expressed consent of the instructor. Some exams will allow for open review of all questions and rationales. Those specifics will be discussed in class and subject to instructor discretion.

Technology Usage

Technology is used throughout healthcare. The faculty expects all students to use the technology that is available to them on campus and in the clinical area. MassBay provides computers for student use in the libraries and computer laboratories in Framingham and Wellesley. The libraries offer tablet PCs for short-term student use while in the libraries.

Faculty will utilize email for communication with students. Each student enrolled in an EMS Program is provided with a MassBay Community College email account. The student is responsible for accessing their email frequently and in a timely manner. Students must use the MassBay email to communicate with the faculty. It is possible to retrieve MassBay email on smartphones and tablets as well as forwarding of email in order to access notifications and important announcements in a timely manner.

Each course in the EMS Department has a Blackboard course site. We will also utilize EMS Testing for all major assessments. Students will find announcements, assignments, grades, and other important information on these sites. Students are expected to check the online course for each of their courses several times each week. These assignments will be outlined in the course syllabi.

Use of technology within the classroom will be at the discretion of the instructor. Students may not use their personal devices (tablet, smartphone, laptop) for non-class purposes during instruction. Unless specifically indicated otherwise, cell phones, pagers, scanners, radios and all other electronic communication devices must be turned off during lab, class and clinical time. No texting is permitted during lab, class or clinical time. The use of social media is described in detail in the DHS Handbook.

Paramedicine Students. All students must have a tablet PC (Apple or Android) in order to access the digital textbooks and Planner documentation software required for the Program. These devices must be brought to all class, lab, and clinical/field rotations in order to complete course requirements. Tablets

will be on sale in the college bookstore and students may use their financial aid package to cover the cost of these devices.

Standards of Student Conduct

Students are expected to maintain the Division of Health Sciences Affective Domain standards. Please refer to the DHS Student Handbook for a complete description of student rights/ responsibilities, institutional authority, student code of conduct, procedural standards in disciplinary proceedings, procedures for disciplinary action, student status pending final action and student's right to know.

The EMS faculty member has the discretion to determine classroom atmosphere and behavior of students. Also described are the methods and procedures for student disciplinary redress and procedural standards for academic redress. These procedures and standards will be adhered to strictly to assure fair treatment of all students. Professional conduct will be followed at all times. Any student asked to leave the class for inappropriate conduct will be given an unexcused absence.

Expectations:

- The student should raise his/her hand to ask a question or to make a comment.
- No unauthorized talking or distractive behavior will be permitted.
- Students will treat faculty with respect and proper professional decorum. This includes addressing faculty members by proper title or preferred manner of address.
- The use of any kind of tobacco products is not allowed in the classroom, or within any building at MassBay Community College or at any clinical sites.
- Alcoholic beverages are prohibited at any EMS program function or in the classroom at time.
- Students will not attend classroom or clinical sessions under the influence of alcohol or other substances. Violation of this policy will result in immediate withdrawal from the paramedic program.
- Food and drinks are not permitted in classroom areas or in the clinical setting.
- Children are not allowed in the classroom.
- No cellular phones, radios, or pagers are allowed in the classroom or during clinical/field internship, and you are not to be *on duty* while in lecture, lab, clinical or field internship time.

Substance Abuse

Students will be removed from the class, lab, or clinical/field shift if there is any suspicion that a student may be misusing drugs or alcohol. This is not to be construed as an accusation, but rather as a concern for student success. The student will be referred to the student counselors on campus and is expected to fully comply with the recommendations of the counselor. The student is expected to acknowledge

the referral by meeting with the counselor and/or the referring instructor.

If a student is suspected of being under the influence of alcohol or any other drug during attendance at any class room, lab or clinical course, then the student will be immediately removed from the learning environment and be dismissed from the Program. These strict guidelines are necessary to protect patients, the longstanding relationship between the clinical sites and the Program, the EMS profession and the reputation of the MassBay EMS Department.

Conflict

Any perceived or actual conflict with a student, faculty member, or preceptor must follow the policy in the College handbook, Section VI Student Rights and Grievance Procedure.

Harassment and Intimidation

Harassment, including sexual harassment, and intimidation in any form will not be tolerated in the EMS Program. Students, faculty and staff will be subject to the MassBay Community College rules and regulations regarding harassment and sexual harassment. Any violation in this area is grounds for immediate dismissal.

Students' Rights

The MassBay EMS Program faculty believes that students' rights include, but are not limited to, the following:

- According to the Family Educational Rights and Privacy Act (FERPA), have access to their educational records. The college will not release their records to anyone who is not designated by the student to receive them, except as provided by law itself and as outlined in the release of information the students must sign in order to obtain clinical placement.
- Explanation of entries in their educational records
- Challenge contents in their educational records
- Use the College Appeal Procedure as indicated in the college catalog
- During the first-class session of each course, be given written information detailing course assignments, expectations, grading system and pertinent schedules
- General advisement as well as assistance with course work from their instructors
- Offer constructive input regarding the instructional process and overall curriculum of the program
- Prompt verbal and written notice of unacceptable and/or unsafe behaviors as a student EMT that includes suggestions for resolution of related problems

Student Grievance Policy

The EMS Program will follow the established policy for student grievances as described in the DHS Student Handbook, Section A.5.0 Student Grievances and A.6.0 Grade Appeals and the College Handbook Section IV- Institutional Policies and Section IV- Student Rights and Grievance Procedure.

GUIDELINES FOR PROFESSIONAL APPEARANCE

Uniforms & Dress Code

All students are required to purchase the uniform required for their program. All required items with except for footwear and belts are available for purchase at Trippi's Uniforms, located at 268 Boston Turnpike in Shrewsbury, MA 01545 (EMT Student Uniforms) or Stitch This!, 505 Boston Post Road, in Marlborough, MA.

Uniforms are required for all course meetings. No exceptions will be made to this policy. Students are not wearing proper uniforms will be asked to leave the class and will not be allowed to participate. Students will be marked absent for any time missed.

The student shall appear in the classroom, clinical, and field site in accordance with the program dress policy. Students are expected to have shirts always tucked in, uniforms pressed and wrinkle free, and to be clear of stains and odors. Long sleeve undershirts are not permitted. Shirts for both EMT and Paramedic students may only be unbuttoned to the first button. Students may not wear hats while indoors. The following table provides the required uniform items:

EMT		Paramedic	
Bookstore: MassBay embroidered Blue polo shirt	Trippi's: Blue pants (Dickies-type or EMS)	Trippi's: or Stitch This Green Polo Shirt: Blue EMS pants	Bookstore: Paramedic Student Paramedic patch
Optional uniform items at Trippi's or Stitch This		Blue MassBay pullover with logo and patches	
Available at any retailer		Black polished shoes or boots (no sneakers, except for lab setting) Black belt Undershirt	
Provided by the College or Clinical Agency		MassBay Student Identification (ONE card) MassBay EMS Photo ID Clinical agency ID	

Grooming

Students must be aware of the importance of good personal hygiene and adhere to the following criteria:

- Good oral hygiene must be maintained.
- Cleanliness of body and clothes must be maintained.
- Minimal perfume/cologne or other scented products may be worn (some agencies prohibit these products).
- Nails must be kept short, well-manicured, and clean. Only professional-looking nail polish that is free from any designs, chips, or imperfections may be worn.
- Makeup must be minimal and natural-looking.
- **Hair-** Hair must be tied back and off the collar for both male and female students at all times in the lab, clinical, and field settings.
 - Hair must be clean, neat, and natural in appearance- no Mohawks, designs, dreadlocks, or kept in any other unprofessional manner as determined by faculty.
 - Hair must be a natural color found in humans (example: red hair may not be fire engine red but may be a red color found in natural red heads).
- **Facial Hair**
 - Students with facial hair may maintain a well-groomed mustache and goatee, but full beards, unique patterns, extensive sideburns, or any other stylized facial hair are not permitted.

The faculty will always have final discretion on appropriate appearance of students.

Reasonable accommodations will be allowed for students adhering to religious or cultural customs providing they do not pose a safety hazard.

Students who do not meet the standards listed above will be asked to leave class until they are able to meet the standards of grooming. Students who are sent home will be marked as absent. Those absences will count towards the total number of absences.

Jewelry

Students must wear minimal jewelry such that there is no impedance to safe patient care or student safety and to minimize infection transmission. This policy applies to both male and female students. Students found in violation of this policy will be asked to remove the items.

Jewelry must be limited to:

- Engagement ring & wedding ring
- One pair of stud type earrings
- Bracelet type watch
- One necklace or chain worn around the neck and does not pose injury risk to self or patients

The following are not permitted:

- Facial piercings and body jewelry are not permitted even with retainers
- Gauged ears are not permitted even with retainers
- Bracelets
- Multiple rings
- Dangle type
- earrings or multiple earrings

Tattoos and Body Art

While student individuality and creativity are valued, the classroom, clinical, and field settings are not the appropriate location for self-expression. Students are members of the healthcare team and classroom environment and must maintain an outward appearance complementary to the requirements of both the program and all clinical and field agencies. Any student with visible tattoos (visible outside normal uniform) must be covered at the request of faculty or clinical/field affiliates. Long-sleeved uniform shirts are satisfactory to cover arm tattoos. Any student with potentially inappropriate, violent, lewd, or racist tattoos must ensure that these images are completely covered at all times. Students who believe that their body art may possibly be construed as offensive should err on the side of caution and ensure that they are always covered. Students must respect the policies of the program and all affiliates in complying with the tattoo policy.

Special Notes

While these guidelines cover the policies of the MassBay EMS Department, certain facilities may have rules and policies that go beyond these policies in scope. Facility or agency policies that are stricter than these policies will supersede this document. Students must follow the affiliate agency rules at all times. The faculty will maintain the final decision on appropriateness of a student's appearance.

ACADEMIC STANDARDS

Instructors' Course Policies

Primary course instructors will distribute course syllabi and all course policies at the beginning of the semester. Each instructor must follow at least the guidelines presented in this handbook as required elements set by the college, division, and program. However, the course instructor may require additional policies and procedures in order to be successful in the course. For example, this document states that students may be able to submit a late assignment, but an instructor may set a policy that does not allow late submissions. Students should treat the course syllabus as their contract with the instructor throughout the semester.

- **Preparation:** You must be prepared for all class meetings. Every EMT and Paramedicine course employs a partial or fully *flipped classroom*. This means that you must have read and completed all assignments and completed your class “Ticket to Enter.” If you do not have your Ticket to Enter completed before class, you will not be able to engage in class activities-discussion, scenario, skills, and group activities. You will not be permitted to join the class until you have completed a suitable make up assignment and may be marked absent as a result.
- **Assignments:** All assignments must be submitted on time. Written assignments must be typed and submitted in appropriate form as directed by the instructor. A late assignment may be accepted according to the instructor and course policies. There is a research component to most classes, so there may be research activities assigned.
- **Grades:** Grades will be available on the appropriate online course site for each individual course. Faculty will submit assignment grades in a timely manner. All students will receive a midterm grade report and are encouraged to meet with faculty and advisors to assess their progress.
 - *In general, EMS classes will assign the greatest weight to exams (30-50%), final exams (20-30%), quizzes and homework (20-30%). Clinical and Practicum courses include a documentation component which accounts for no less than 50% of the overall course grade.*
- **Taping:** Students may not record audio or video in the classroom, lab, simulation or clinical/field setting. No clinical may be recorded under any circumstance. Scenarios and simulation will be recorded for the purpose of student feedback and quality improvement. Instructor-recorded lectures may be posted to the online course. Skills and simulation videos will be available on the Department-maintained YouTube Channel (MassBay EMS) and/or shared in the official student email group. Students may not take photos or video of themselves, equipment, or classmates under any circumstances. Under no circumstances are images to be shared through email, text, or any form of social media unless taken with the expressed permission of all parties for an educational purpose.

- **Photocopying:** The Copyright Law of the United States, Title 17 US Code, governs the making of photocopies or other reproductions of copyrighted materials. The person making the copies is liable for any violation of this law.
- Making copies of textbooks, workbooks, study guides, and/or similar materials without written permission of the publisher is in violation of this law.
- **Acceptable Use Policy-** Students and faculty must conform to the college acceptable use policy for technology and accessing of electronic sources.

Textbooks

Purchasing Resources. Textbooks and course materials have been chosen to support student learning throughout the curriculum. The faculty realizes that texts can be an expensive investment. All students must purchase the required textbooks and materials for each EMS course. Most texts will be used in all courses, so the cost of text in subsequent semesters will be much less than the first. All texts will be available for purchase in the MassBay Framingham bookstore or www.massbayfram.bkstr.com.

For all other texts, students are encouraged to purchase digital or used copies that are often significantly discounted. Students may opt to rent their textbooks. Paramedicine students should consult with the course instructor before renting texts as some books are used throughout the program.

Online Packages. For the primary textbooks for both the EMT and Paramedicine programs, there are associated online resources that do not accompany used or rental texts. While the initial investment is costly, these materials include an e-text and test preparation software that allows students to prepare for certification exams well after graduation. In addition, the online resources include supplemental activities that are required to successfully complete the course. Faculty will review the requirements for books and the list will be available through the MassBay Bookstore in Framingham or www.massbayfram.bkstr.com.

Library Reserves. In the Framingham library, students will find all required and recommended textbooks on reserve. Students whose textbooks have not arrived or who opt not to purchase optional books are encouraged to visit the library to use these books. Students will need their MassBay ONE Card in order to use books on reserve and the materials must remain in the library. Additional resources may be placed on electronic reserves.

Examination Policies and Guidelines

All exams and course assessments are considered confidential and the property of the instructor. Students may not discuss exam questions or keep any exam without expressed consent of the instructor. Some exams will allow for open review of all questions and rationales. Those specifics will be discussed in class and subject to instructor discretion.

- The Medical Director, Program Director, Faculty, and Advisory Committee review all major exams and assessment results
- All major exams and quizzes on EMS Testing will be reviewed in class according to the EMS Testing Policy
- Secure Testing lockdown browser function will be required for all assessments taken outside class and in-class exercises, whenever possible
- Students will always be granted access to the Curriculum Breakdown analysis of their exam/quiz performance
- Students may request a review of any quiz or exam in office hours

The course instructor will administer exams as they deem appropriate during the course. Every course and instructor is different and those teaching and learning styles will be reflected in the individual's approach to assessments.

- Length of time for each exam will be appropriate to the number of questions as determined by the instructor.
- Exams may be oral, psychomotor, written and/or computer-based assessments. Students must be prepared with appropriate writing utensils and scrap paper, if necessary.
- All major course exams, final exams, and summative exams are reviewed and approved by the Medical Director. This is done to ensure and validate the appropriateness and validity of test items. The Program Director, Medical Director course faculty, and Advisory Committee also review test statistics on a regular basis.
- All personal items must be left in the front of class/computer lab prior to testing. No cell phones or other electronics are to be in a student's possession while testing
- No student is allowed to leave the classroom after an exam has begun until the student completes the exam.
- Any appeal of score on an examination must be submitted in writing to the instructor within one week of the administration of the exam. The appeal must state the specific questions being challenged and the student's rationale for his/her answer.
- Under no circumstance are test questions to be copied, recorded or shared in any manner during or after testing. To do so is a violation of the Platinum Education-EMS Testing terms of service.

EMS Testing- Test Policy

The Program is conducting item analysis of examinations, including validity/reliability testing of the exams. Generally, using Platinum Group Testing tools, which are validated through their system, but faculty will include their own questions as well. All questions, when offered, will be evaluated for p-values, difficulty and discrimination (national and local if available) and Point Bi-serial, if sufficient numbers are available.

Reliability- If the KR20 is less than 0.70, then the Instructor and/or the program director will evaluate the data as to the time correlation of when the questions were answered to evaluate for cheating.

Exam Review- When we have 10% of the class requesting a review/discussion in class, we will be reviewing, re-teaching, and re-testing.

Class Testing Discrimination- If the class discrimination value is 0.2 or greater below the national results, or any time the class results are negative, or 0, questions will be reviewed/evaluated by the instructor and/or program director.

- Reason for a zero (no discrimination results) might be that the question is too easy or too difficult (see difficulty).
- Negative discrimination occurs because top performers have done worse on a particular item than poor performers.
- If this occurs, look to the textbook, lecture notes, or other times when incorrect or contradictory messages may have been provided.
- Another case would be an incorrectly keyed item.

Difficulty Level Determination

When the difficulty level is greater than 0.5, the test items will be reviewed/evaluated by the instructor and/or program director.

- We will be looking to see if the questions are correctly keyed, are the questions misleading, or was the material inadequately covered.
- If a question is suspected of being keyed incorrectly, Platinum Educational Group will be contacted immediately to request editing.
- If the question is one of our own, we will review and rekey the question.
- If it is misleading, the team will evaluate why and determine the outcome of the question from that analysis.

- If material was covered inadequately, this will be reviewed/re-taught/re-tested.

If the class item difficulty value is 0.2 or more above the national the questions will be reviewed/evaluated by the instructor and/or program director.

- We will be looking to see if the questions are correctly keyed, are misleading, or the material was inadequately covered.
- If the question is suspected of being keyed incorrectly, Platinum Educational Group will be contacted immediately to request a rekey.
- If the question is one of our own, we will review and execute the procedure outlined above.

The Point Bi-Serial: A point bi-serial coefficient is a special type of correlation coefficient that relates observed item responses to a total test score. A point bi-serial coefficient is specifically used when one set of the data is *dichotomous* in nature. A point bi-serial coefficient, computed for every multiple-choice item, is considered useful because it reflects how well an item is "discriminating." A question does not discriminate if no one missed the question. The question might be asked, why did we even include this question in this examination.

- A high point bi-serial coefficient means that students selecting the correct response are students with higher total scores, and students selecting incorrect responses to an item are associated with lower total scores.
- Very low or negative point-bi-serial coefficients computed after field-testing new items can help identify items that are flawed

Validated questions where 30% or greater of the class has answered incorrectly will be included in the next quiz/exam.

Platinum Education Terms of Service

Any use of EMSTesting.com, Platinum Planner, and/or any other content (including for all purposes text, graphics, logos, icons, images, data compilations, software, etc.), information, or materials of PEG is subject to these terms and conditions, which are deemed accepted by paying for any use and/or any other use of the website(s) and/or the content, information, or materials of PEG (and any such use will serve as an electronic signature agreeing to these terms and conditions). Any additional or different terms proposed, or any attempt by any user to vary in any degree these terms and conditions, are hereby objected to and rejected. Failure to comply with these terms and conditions can result in suspension or termination of membership or use in the sole discretion of PEG.

Any student who is found to have breached the Terms of Service and is discovered by PEG to have done so will have their site license terminated. This is also a violation of academic honesty. Because PEG products are critical components of the EMS Programs, removal from this system is not consistent with

enrollment in MassBay EMS courses.

There is no alternative to EMS Testing and Platinum Planner available to the EMS student while enrolled in the program.

Any student who is removed, suspended, or otherwise unable to access Platinum Education Group content (EMS Testing and Platinum Planner) will be issued an Affective Domain violation and may be suspended from the Program pending appeal to the DHS.

Paramedic Drug Dosage and Calculation Examinations

Prehospital Pharmacology (PM 202) will provide students with the knowledge necessary to solve medication calculation problems in order to safely and effectively administer medications to patients. Throughout the semester, students will take Drug Dosage and Calculation assessments.

- Students must attain a score of 80% or higher and will have a maximum of two attempts to pass each assessment.
- Students failing any math component of a quiz or exam, must successfully retest within one week of the initial exam.
- ***Students must pass the math component of PM 202 with an overall average of 90% or higher in order to successfully pass the course.***
- ***Student must pass the math component of the PM 202 Final exam with 90% or higher in order to successfully pass the course.***

Students will take Drug Dosage and Calculation assessments throughout the didactic capstone, clinical and field phases of the program as well in order to assure continued competency required for safe practice.

- ***Students will have a maximum of 2 opportunities to pass the exam with a score of 90% or better.***
- Students failing any math component of a quiz must successfully retest within one week of the initial exam.
- Students may not administer medications in the clinical area during PM 210, 211 or 212 until all quizzes have been successfully passed.
- Students who do not successfully pass these quizzes after the third attempt will be removed from the course in which they are enrolled.

Open lab

All EMS Students are required to attend Open Lab to practice skills under the supervision of a lab instructor.

Skill Development. Students are required to attend open lab at least 2 hours each month to practice new skills and maintain proficiency in all competencies. These sessions provide an opportunity to refine skills in preparation for lab or clinical competencies with an instructor present to provide constructive feedback. Student attendance will be monitored through the Planner interface.

Makeup Sessions. There will be selected sessions that will be used for students to make up missed time or remediate skills. Students will receive a makeup plan and an assignment to attend a session. Students must attend all required makeup sessions as prescribed.

Schedule. The Department will determine the schedule for Open Lab at the beginning of every semester. Generally, open lab is scheduled for the hour before or after a regular lab session, but the schedule may vary. There will be at least 2 open lab sessions scheduled each week.

Attendance. Students must sign up to attend sessions. Students who miss a scheduled open lab and do not notify the instructor will be marked absent for that shift. Absences will be counted against the maximum 5 hours of class time that may be missed in a semester. Any student who misses more than 5 hours may be withdrawn from the program.

Clinical EMS Skills Lab Policy

The EMS Labs are designed to provide instruction and psychomotor experience with a variety of common EMS skills. Preparation and practice are essential for the student's success in both the lab and in the clinical area. It is mandatory that all laboratory sessions be attended, as they are an important part of your EMS education.

- **Skills Practice.** Students are expected to practice all skills during the allotted time frame during lab sessions. Students will act as patients for their squads to practice extrication, immobilization, and assessment skills. No student will be exempt from skill development practice. Active engagement in learning and practice in the laboratory is essential for successful completion of the program and professional practice.
 - It is the responsibility of the student to notify the lab faculty of any condition that may alter the student's ability to perform lab skills. Official documentation from a physician and the Office of Disability Services must be provided. Reasonable accommodations will be made to assist students if students are able to conform to the technical standards of the EMS programs.

- **Human IV Skills Practice (Paramedic).** The faculty will authorize IV lab practice on human volunteers at their discretion. Only after students have demonstrated competency on IV insertion on manikin arms may the faculty consider the possibility of live lab practice.
 - The faculty and students may volunteer to participate as subjects.
 - No student or faculty member will be required to participate as a subject at any time.
 - Students performing skills on live human subjects will maintain aseptic technique and protection against bloodborne pathogens at all times.
 - Only peripheral IV attempts in the arms are permitted. Students may not attempt external jugular access, scalp veins, central venous access, or intraosseous infusions under any circumstances.
 - The faculty reserves the right to discontinue or refuse to authorize live lab practice at any time.
- **Competencies.** Once a skill is learned, the student will be required to complete a lab competency. This competency will be evaluated by a faculty member, and the assigned grade will be included as part of the course laboratory grade.
 - In most cases, the competency testing will be scheduled for the next lab (1 week) after the initial teaching and practice labs.
 - Students will have three opportunities per skill to demonstrate competency. Students may practice as many times as they want prior to demonstrating competency of a skill during the lab sessions or open lab. ***Failure to demonstrate competency after three attempts will result in the student receiving a failing grade for the competency and may potentially result in withdrawal from the program.***
 - *All labs are graded on a Pass/Fail basis and do not earn a numerical score.*
- **Lab attire.** The nature of the EMS laboratory will have students in various positions while providing patient care (on the floor, stretcher, etc.). The MassBay EMS uniform is required to be worn for all class meetings.
- **Lab Equipment.** Laboratory equipment and supplies are to be treated with respect and in accordance with the instructions provided by the lab faculty. It is the student's responsibility to return the lab to the condition in which it was found at the completion of a lab session. Equipment and supplies will be placed into their assigned places. Students are expected to arrive prior to the start of each laboratory session in order to assist with the set-up of the lab.

- **Checklists.** Students must complete lab equipment checklists at the beginning of each session. Students are encouraged to report to the lab early in order to prepare all necessary equipment. Any missing or defective equipment must be reported to an instructor. The checklists will be submitted online in order for faculty to assure that all equipment is maintained and appropriate supplies are ordered on a timely basis.
- **Simulated Blood Products.** Any simulated blood products attached to a manikin or simulator must be removed and cleaned. Students must assure there is no leakage of simulated blood onto the manikin, cots, or any other equipment as the blood will stain the manikins and clothing and may cause damage to the electronic components of simulation manikins.
 - No simulated blood product may be left mixed in the laboratory. Any excess product must be either placed in a sealed, secure container or flushed down a working drain.
 - All blood bags must be rinsed and placed in an appropriate location to dry at the completion of the lab.
- **Durable and Disposable Supplies.** All lab equipment must remain in the lab at all times. No student may remove any item for any reason. All equipment must be maintained in its original condition. If a student believes that any equipment is malfunctioning or missing, they must notify a lab instructor immediately. All equipment must be returned to the appropriate storage location at the end of the lab. Students are responsible for assuring all equipment returned to storage at the end of the session are clean, functioning, and ready for the next group of students.
- **Ambulance Simulator.** The ambulance must be kept cleaned and stocked at all times. Faculty will assure the ambulance is stocked prior to the lab session. No trash or used disposable equipment may be left in the ambulance. In addition, if any supplies were removed from the ambulance, an instructor must be notified.
- **Manikins and Simulators.** Students must respect and treat all task trainers and simulators as they would a real human patient. They are human patient simulators and must always be treated with respect and dignity. They must never be damaged or mutilated in any way. Any mistreatment of a manikin or simulator will result in issuance of an Affective Domains Warning. Expectations include:
 - No part of the simulator will be removed or treated in any manner contrary to its intended use. Treat the manikin as you would a human patient.
 - Simulators will be kept in clothing or johnnies at all times. A simulator may not be put away without a covering.
 - A c-collar is required to be placed prior to storing any simulator.

- Manikins must be kept covered and placed on a stretcher or bed with a clean sheet at all times.
- No pens, pencils, or sharp objects (other than medical equipment) may be used in the simulation setting.
- All SimPad devices, monitors, computers, etc. will be placed on the appropriate charger, as instructed by the lab instructor.
- The Simulation Lab Manager and EMS instructors will have final authority regarding all lab and simulation practice.

Grading and Program Completion

Students who score less than 77% on any exam or competency or receive a performance notification must meet with their advisor and the course instructor to develop a plan for success within one week of notification.

All EMS courses must be completed with a grade of C+ (77%) or better. All science courses must be completed with a grade of C or better. Students must maintain a cumulative Grade Point Average (GPA) of 2.0 in order to graduate. All EMS and science courses must be taken in the prescribed sequence. Students must enroll in courses as listed in the curriculum section. Students may not enroll in EMS courses without admittance to an EMS program.

Grades as assigned as follows:

Qualitative Letter Grades	Percentage Equivalent	Honor Points Per Credit Hour
A	94-100%	4.0
A-	90-93%	3.7
B+	87-89%	3.3
B	83-86%	3.0
B-	80-82%	2.7
C+	77-79%	2.3
C	73-76%	2.0
C-	70-72%	1.7
D+	67-69%	1.3
D	63-66%	1.0
F	<63%	0.0

Didactic Courses. Successful completion of the ***didactic*** component of a course requires students to

earn an overall average of 77% or higher and earn 77% (weighted) on the final examination, if one is administered. Students who fail the first attempt on a final exam may request an alternate version. Retests will be administered only at the discretion of the instructor. Students who successfully pass the second attempt on a final will be allowed to continue in the program as long as the overall course average is C+ or higher. If the student is unsuccessful at achieving entry-level paramedic/EMT competency on this attempt, the student will be required to repeat the course if s/he is eligible for readmission.

Laboratory Courses. Successful completion of the ***laboratory*** component of a course depends upon evaluation of the student's performance based on established criteria and fulfillment of attendance requirements. Students must pass all lab competencies by the end of the semester in order to take the final laboratory examination. Students will perform the required skills and assessments for successful completion of the lab course. Final exam evaluators will consist of primary instructors, the program director, and lab instructors. If a student does not demonstrate a mastery level (77% or higher), one retest may be allowed at the discretion of the course instructor. If the student is unsuccessful at achieving entry-level paramedic/EMT competency on this attempt, the student will be required to repeat the course if s/he is eligible for readmission.

Practicum Courses. Successful completion of the ***clinical and field*** component of a course depends upon evaluation of the student's performance based on established criteria and fulfillment of attendance requirements. Policies regarding clinical performance can be found in the preceding sections of this handbook. In courses where there is a final written exam or psychomotor exam, students must earn 77% in order to be successful. If a student does not demonstrate a mastery level (77% or higher), one retest may be allowed at the discretion of the course instructor. If the student is unsuccessful at achieving entry-level paramedic/EMT competency on this attempt, the student will be required to repeat the course if s/he is eligible for readmission.

Dismissal Policy

Any student who violates the Division of Health Sciences under Grounds for Immediate Dismissal will be immediately removed from the classroom, clinical, and field setting. Students who receive a third Affective Domains Violation may also be withdrawn from the program and be referred to the Dean of Health Sciences. There are other reasons that students may be dismissed voluntarily or involuntarily. Reasons for dismissal fall under the following categories:

- **Academic Dismissal:** Earning a failing grade (C or lower) in any EMS course or failing grade (C- or lower) in any science course or earning a cumulative GPA less than 2.0.
- **Excessive Absences:** Habitual, repeated absences, regardless of cause
- **Professional Misconduct:** Conduct unbecoming of a Paramedic & behavior that violates generally accepted codes of conduct outlined by state, college, clinical and departmental

policies are grounds for dismissal. Please refer to the DHS Student Handbook for definitions and various examples of misconduct. Students should contact the Program Director for more information.

- **Example: Mistreatment of patients (real or simulated) and violations of patient privacy or confidentiality fall under this area**
- **Unsafe Clinical Practices:** Behavior that poses a safety risk to other students, patients, the Program or the Program's relationship with a clinical site. *Students who violate these standards are ineligible for readmission.*
 - **Example: Inappropriate care of patients (real or simulated), dangerous practice in lab, simulation, clinical or field fall under this area**
- **Academic Honesty:** Dishonesty, plagiarism or cheating in any form. *Students who violate these standards are ineligible for readmission.*
 - **Example: Removal/Suspension from EMS Testing and Platinum Planner by Platinum Education Group falls under this area.**

Any student who leaves an EMS program for any reason should meet with the program chair and/or academic advisor to discuss educational options and complete a departure form.

Students should consult the DHS handbook section on dismissal, Section II-B.2.0 Medical Leave Policy, B.3.0 Grounds for Immediate Dismissal, B.4.0 Appeal of Dismissal for more information on dismissal and the proper process for appeal.

Readmission Policy

See the Readmission Policy for the Division of Health Sciences in Section II-B.1.0

Students may be readmitted to the EMT or Paramedicine Program as long as they meet the DHS requirements.

EMT students may be eligible for readmission. No student may graduate more than once from the certificate program, but students could reenroll as non-matriculated students. EMT students will repeat the entire program.

Any readmitted student must meet current eligibility and portfolio requirements. Depending on the nature of the student's departure, they may require an extension from OEMS in order to grant additional time to completion. In some cases, readmission to the Paramedicine Program must be approved by the MA Office of Emergency Medical Services. MA Office of Emergency Medical Services policy requires Paramedicine students to complete clinical and field requirements within 12 months of didactic completion. Paramedicine students must complete the clinical component within one year of

completing the didactic component.

Any readmitted student who is not granted an extension by OEMS, exited the program without completing clinical or field, and/or completed didactic greater than one year prior to returning must retake all PM courses regardless of initial grade.

Students may only be readmitted to an ongoing paramedicine cohort if they complete the following:

- Meet the DHS Readmission Policy criteria
- For students returning to a class in progress
 - Pass a comprehensive computer-based exam covering all course content the student had passed prior to withdrawing from the program.
 - Pass a Paramedic Skills exam that may include any combination of the following:
 - Patient assessment of medical and trauma patients
 - Intravenous and Intraosseous access in adult and pediatric patients
 - Medication administration including:
 - Intravenous bolus and infusion medication administration
 - Drug dosage and calculation examination.
 - Airway and ventilation management of adult and pediatric patients, including:
 - Endotracheal intubation
 - Alternative advanced airways
 - Suctioning, gastric decompression, and BLS interventions
 - CPAP administration
 - Cardiac management including:
 - Dynamic (Megacode) cardiology
 - Team Leader dynamics
 - Cardiac Rhythm and 12-Lead ECG exam

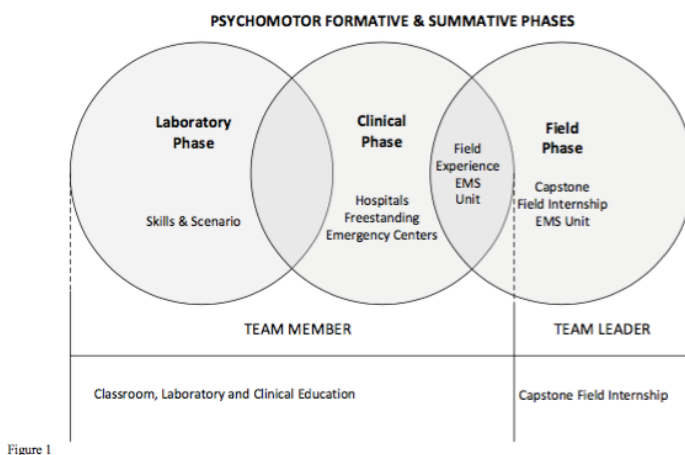
The Department reserves the right to modify the readmission exam for students reentering at differing points. For example, an evening student reentering the first semester would not be tested on cardiology or trauma skills. Students are advised that readmission to the Paramedic Program is on a space available basis.

EMT and Paramedic Portfolio Requirements

All Paramedicine students must develop a portfolio in order to be eligible for the National Registry of Emergency Medical Technicians (NREMT) Paramedic exam. As such, the Paramedic Portfolio is a graduation requirement. As a part of the EMT Program, students develop a portfolio similar to the Paramedicine version. Completion is likewise a graduation requirement.

Accreditation standards require that Paramedic students have access to adequate numbers of patients, proportionally distributed by illness, injury, sex, age and common problems encountered in the delivery of emergency care appropriate to the Paramedic profession. The NREMT developed this portfolio of vital skills that each Paramedic student must demonstrate competency in order to qualify for the NREMT Paramedic Certification examination. Each student's portfolio is tracked by the program throughout the formative and summative phases of education in the laboratory, clinical, and field settings. The completed portfolio becomes a part of the student's permanent educational file and is a prerequisite to seeking NREMT Paramedic Certification.

The specific requirements for skills, scenarios, and verification will be discussed in class and will be available on Platinum Planner. Students will always be able to see their own progress on that platform.



Documentation

Documentation is a significant component in healthcare. The MassBay EMS Department provides students with the opportunity to develop the skills necessary to produce thorough, effective, and precise written documentation. To this end, EMT and Paramedicine students will document their laboratory practice and patient care activities in clinical and field rotations. Documentation exercises will be completed online through Planner. Students will develop a portfolio of skills, interventions, and assessments through lab, clinical, and field shifts while building narrative and patient care reporting skills.

Platinum Planner is an online EMS skills tracker and scheduler that mirrors electronic documentation

that EMS professionals use in the field. For Paramedicine students, the Portfolio will be created using Planner. There is a free mobile app also available that is highly recommended. Every student is required to purchase an account no later than the second week of classes. It is a one-time investment that will be valid for the entire length of the program. Tutorial videos are available on their website. Faculty will provide an orientation on Planner and documentation requirements at the beginning of the semester.

Students must submit documentation in the time frame allowed as required by the instructor, generally 12 hours after the lab, clinical/field shift. Documentation submitted late will be subject to a grade penalty. No documentation submitted one week or later after the shift will be accepted.

Students who fail to submit documentation or submit late will be marked as absent for those shift(s). Students will be required to complete additional shifts to make up for those hours not submitted. Late or missing documentation may impact program completion. Repeated or habitual late documentation will be grounds for dismissal from the program.

Documentation of Assessments must include a narrative including the following information:

All templates are available here: <http://bit.ly/EMSDoc>

Dispatch: [Unit] dispatched to a call for a [age] year old with a/n [STATE TYPE OF EMERGENCY].

CC: Patient states the chief complaint is [state CC – in patient’s own words, quotes if possible]. Upon arrival at the scene, we found the patient [patient location/presentation, any other relevant info, e.g., seated in chair in tripod position] . The general impression of the patient was [in / not in] acute distress.

HPI: History was obtained from patient. [Describe the CC more thoroughly.] This problem began [minutes/hrs/day] ago. This problem [has/has not] worsened since onset; [rates pain/discomfort as _ on scale of 1-10]. Patient stated [past history of similar, any associated symptoms, events leading up, any measures taken to remedy etc]. Patient requests transport to ED for evaluation.

PMH: [list relevant past medical hx]

Meds: [list current Rx/OTC meds]

Allergies: [list med allergies or NKDA]

ASSESSMENT:

Mental Status: Patient is [AOx4 or altered]. [This is/is not normal for the patient- state what usual baseline is]. Skin is [pink, pale, ashen/gray, mottled, cyanotic], [warm, hot, cold]; [dry, diaphoretic, abnormally dry, clammy]

NEURO/HEENT: Speech is [normal/garbled/incoherent]; Neuro assessment [is/is not] intact [state any deficits]; +/- loss of consciousness; +/- Nausea/Vomiting/Diarrhea; +/- dizziness; Pupils PERRL [or any changes]; JVD [present/not present]; Trachea midline

CHEST/RESPIRATORY: Airway – [patent or steps taken to restore patency]; +/-Dyspnea; Breathing – [labored/nonlabored], speaking in [full/labored/2-3-word sentences]; Lung Sounds – [clear bilaterally, wheeze, rhonchi, diminished, etc.]; Chest- Equal chest rise; +/- chest pain, [describe any pain or discomfort]; +/- injury/bruising/instability of chest [describe/location, if present]

ABDOMEN/GI: [Soft/Distended]; [Tender/Not Tender]; +/- Bruising [Location]; +/- c/o nausea/ vomiting/diarrhea;

PELVIC/GU: Pelvis stable; [report any bleeding/discharge from genitalia as appropriate].

EXTREMITIES: Equal grips; Good pulse, motor function, and sensation in all extremities [state any deficits as noted]

Vitals: BP, HR, RR, SpO₂, BGL (use appropriate units)

DIFFERENTIAL DX/WORKING DX: [state the 3-4 likely Differentials and the working/field diagnosis]

TREATMENT:

Oxygen: +/- airway adjuncts and suctioning; NC/NRB- include flow rate / CPAP at ____ cm H₂O PEEP / BVM- include flow rate and rate [include patient response to tx]

Medication: ASA 324mg chew and swallow / Albuterol 2.5mg NEB / Epi 0.3mg IM / Naloxone 2mg IN / Oral Glucose 15g PO / Assisted pt with Nitroglycerin 0.4mg SL / Assisted pt with Albuterol MDI 2puffs [include patient response to tx]

REASSESSMENT: An ongoing assessment was performed every [5/15] minutes. [Report any changes- improvement or deterioration AND response to Tx].

TRANSPORT: Patient was transported without incident or delay. [If relevant, include details of extrication.] [ALS intercept requested and ALS unavailable/met on scene/met en route.] Patient was transported to emergency department. Patient care and report given to emergency department RN/MD in Room ____.

EMT Portfolio Skills

	<i>Required</i>
Apply a Nasal Cannula	1
Apply a Non Re-Breather Mask	1
Aspirin Administration	1
Bleeding Control	2
Childbirth Complications	1
Childbirth Normal	1
CPR Adult and Child One Rescuer	2
CPR Adult and Child Two Rescuers	2
CPR Infant One Rescuer	2
Epinephrine Autoinjector Administration	2
Foreign Body Obstruction Conscious Adult and Child	1
Foreign Body Obstruction Conscious Infant	1
Foreign Body Obstruction Unconscious Adult and Child	1
Foreign Body Obstruction Unconscious Infant	1
IM and SQ Injections	2
Manual Airway Maneuvers	5
MDI Administration	2
Naloxone Administration	2
Nebulized Medication Administration [Lab]	2
Oral Glucose Administration	2
Patient Management- Medical Scenario	2
Patient Management Trauma Scenario	2
Rigid Splint	2

Spinal Immobilization (Seated Patient)	5
Spinal Immobilization (Supine Patient)	5
Sublingual Med Administration	2
Suctioning with Flexible Catheter	1
Suctioning with Rigid Catheter	1
Traction Splint	5
Ventilation BVM One Rescuer	5
Ventilation BVM Two Rescuer	2
Vital Signs	10

Paramedic Portfolio Skills

		Required
Lab - Basic Competency Skills	<u>1 & 2 Rescuer CPR for Adults</u>	1
	<u>1 & 2 Rescuer CPR for Children</u>	1
	<u>1 & 2 Rescuer CPR for Infants</u>	1
	<u>12-Lead ECG Placement</u>	2
	<u>Automated External Defibrillator</u>	1
	<u>Bag-Mask Technique and Rescue Breathing for Adults</u>	1
	<u>Bag-Mask Technique and Rescue Breathing for Children</u>	1
	<u>Glucometer</u>	2
	<u>Hemorrhage Control</u>	3
	<u>Inhaled Medication Administration</u>	2
	<u>Intranasal Medication Administration</u>	2
	<u>Joint Splinting</u>	1
	<u>Long Bone Splinting</u>	1
	<u>Relief of Choking in Infants</u>	1
	<u>Relief of Choking in Patients 1 Year of Age and Older</u>	1
	<u>Spinal Immobilization Adult (Seated Patient)</u>	1
	<u>Spinal Immobilization Adult (Supine Patient)</u>	1
	<u>Traction Splinting</u>	1
Lab - Basic Competency Scenario Skills	<u>1 & 2 Rescuer CPR for Adults</u>	2
	<u>1 & 2 Rescuer CPR for Children</u>	2
	<u>1 & 2 Rescuer CPR for Infants</u>	2
	<u>12-Lead ECG Placement</u>	2
	<u>Bag-Mask Technique and Rescue Breathing for Adults</u>	1
	<u>Bag-Mask Technique and Rescue Breathing for Children</u>	1
	<u>Hemorrhage Control</u>	2
	<u>Inhaled Medication Administration</u>	2

	<u>Intranasal Medication Administration</u>	2
	<u>Joint Splinting</u>	2
	<u>Long Bone Splinting</u>	2
	<u>Relief of Choking in Infants</u>	1
	<u>Relief of Choking in Patients 1 Year of Age and Older</u>	1
	<u>Spinal Immobilization Adult (Seated Patient)</u>	2
	<u>Spinal Immobilization Adult (Supine Patient)</u>	2
	<u>Traction Splinting</u>	2
Lab - Individual Skills	<u>Abnormal Delivery with Newborn Care</u>	1
	<u>Affective Domain Evaluation</u>	3
	<u>Airway Management</u>	50
	<u>Clinical Medication Competency</u>	1
	<u>Comprehensive Normal Physical Assessment - Adult</u>	2
	<u>Comprehensive Normal Physical Assessment - Pediatric</u>	2
	<u>CPAP and PEEP</u>	2
	<u>Defibrillation</u>	5
	<u>Direct Orotracheal Intubation - Adult</u>	10
	<u>Direct Orotracheal Intubation - Pediatric</u>	10
	<u>Dynamic Cardiology</u>	2
	<u>Intramuscular Medication Administration</u>	3
	<u>Intraosseous Infusion</u>	5
	<u>Intravenous Bolus</u>	3
	<u>Intravenous Piggyback Infusion</u>	3
	<u>Intravenous Therapy</u>	10
	<u>Medical including Cardiac Physical Assessment</u>	2
	<u>Nasotracheal Intubation - Adult</u>	5
	<u>Neonatal Resuscitation Beyond Routine Newborn Care</u>	1
	<u>Normal Delivery with Newborn Care</u>	2
	<u>Obtain a Patient History from an Alert and Oriented Patient</u>	2
	<u>Pleural Decompression (Needle Thoracostomy)</u>	2
	<u>Subcutaneous Medication Administration</u>	1
	<u>Supraglottic Airway Device - Adult</u>	5
	<u>Synchronized Cardioversion</u>	5
	<u>Static Cardiology</u>	2
	<u>Transcutaneous Pacing</u>	5
	<u>Trauma Endotracheal Intubation - Adults</u>	2
	<u>Trauma Physical Assessment - Adults</u>	2
Lab - Individual Scenario Skills	<u>Abnormal Delivery with Newborn Care</u>	2
	<u>Comprehensive Normal Physical Assessment - Pediatric</u>	2
	<u>CPAP and PEEP</u>	2

	<u>Defibrillation (Unwitnessed Arrest)</u>	4
	<u>Direct Orotracheal Intubation - Adult</u>	2
	<u>Direct Orotracheal Intubation - Pediatric</u>	2
	<u>Intramuscular Medication Administration</u>	2
	<u>Intraosseous Infusion</u>	4
	<u>Intravenous Bolus</u>	2
	<u>Intravenous Piggyback Infusion</u>	2
	<u>Intravenous Therapy</u>	10
	<u>Medical including Cardiac Physical Assessment</u>	2
	<u>Needle Cricothyrotomy (Percutaneous Translaryngeal Ventilation)</u>	4
	<u>Neonatal Resuscitation Beyond Routine Newborn Care</u>	2
	<u>Normal Delivery with Newborn Care</u>	2
	<u>Pleural Decompression (Needle Thoracostomy)</u>	2
	<u>Subcutaneous Medication Administration</u>	1
	<u>Supraglottic Airway Device - Adult</u>	6
	<u>Synchronized Cardioversion</u>	4
	<u>Transcutaneous Pacing</u>	4
	<u>Trauma Endotracheal Intubation - Adults</u>	2
	<u>Trauma Physical Assessment - Adults</u>	2
Lab Skills Progress	<u>Apply a Ventilator</u>	2
	<u>Integrated Out of Hospital Scenario</u>	2
	<u>Dynamic Cardiology</u>	2
	<u>Static Cardiology</u>	2
Scenario Pathologies	<u>Cardiac Dysrhythmia and/or Cardiac Arrest - Adult</u>	1
	<u>Delivery with Neonatal Resuscitation</u>	1
	<u>Obstetric or Gynecologic - Adult</u>	1
	<u>Respiratory Distress and/or Failure - Pediatric</u>	1
	<u>Sepsis - Geriatric</u>	1
	<u>Stroke - Geriatric</u>	1
	<u>Trauma (Blunt, Penetrating, Burns, or Hemorrhage) - Adult</u>	1
Simulation Progress	<u>Airway Management</u>	0
	<u>Team Leads - Adult</u>	4
	<u>Team Leads - Geriatrics</u>	3
	<u>Team Leads - Pediatric</u>	3
	<u>Team Member - Evaluation</u>	10
Clinical/Field	Abnormal Delivery with Newborn Care	4
	Airway Management	50
	Assessment of Adolescent	2
	Assessment of Abdominal Pain	10
	Assessment of Acute Coronary Syndrome	5

	Assessment of Altered Mental Status	10
	Assessment of Cardiac Dysrhythmia	5
	Assessment of Chest Pain	10
	Assessment of Hypoglycemia/DKA/HHS	2
	Assessment of Infant	2
	Assessment of Medical Patient- Geriatric	20
	Assessment of Medical Patient- Pediatric	20
	Assessment of Neonate	2
	Assessment of Newborn	2
	Assessment of Preschool	2
	Assessment of Psychiatric	20
	Assessment of Respiratory Distress/Failure	10
	Assessment of School-Aged	2
	Assessment of Sepsis	2
	Assessment of Shock	2
	Assessment of Stroke/TIA	5
	Assessment of Toddler	2
	Assessment of Toxicological Event/OD	2
	CPAP and PEEP	2
	Defibrillation (Unwitnessed Arrest)	10
	Direct Orotracheal Intubation - Adult	12
	Direct Orotracheal Intubation - Pediatric	12
	Intramuscular Medication Administration	10
	Inhaled Medication (MDI, Nebulizer)	10
	Intraosseous Infusion	2
	Intravenous Bolus	30
	Intravenous Therapy	15
	Intravenous Piggyback Infusion	2
	Medical Including Cardiac Physical Assessment	10
	Nasotracheal Intubation	2
	Needle Cricothyrotomy (Percutaneous Translaryngeal Ventilation)	2
	Neonatal Resuscitation Beyond Routine Newborn Care	4
	Normal Delivery with Newborn Care	4
	Obtain a Patient History from an Alert and Oriented Patient	8
	Pleural Decompression (Needle Thoracostomy)	2
	Subcutaneous Medication Administration	0
	Supraglottic Airway Device - Adult	12
	Synchronized Cardioversion	10
	Transcutaneous Pacing	10
	Trauma Endotracheal Intubation - Adult	2

	Trauma Physical Assessment - Adult	6
	Trauma Physical Assessment- Geriatric	6
	Trauma Physical Assessment - Pediatric	6
Clinical - Live Skills	<u>12-Lead ECG Placement</u>	10
	<u>Comprehensive Normal Physical Assessment - Pediatric</u>	2
	<u>Intravenous Bolus</u>	2
	<u>Intravenous Therapy</u>	50
	<u>Medical including Cardiac Physical Assessment</u>	40
	<u>Trauma Physical Assessment - Adults</u>	6

Paramedic Learning Progression

Required Competencies and Skills Prior to Capstone Field Internship	Laboratory Individual Student Competency Evaluation	Scenario / Simulation Individual Student Competency Evaluation	Live Patient Skills Isolated Skill, Competency Performed and Evaluated on Live Patient ONLY	Clinical / Simulation Skill Competency Performed and Evaluated in Clinical or Simulation
Airway Management	25	25		50
Obtain a Patient History from an Alert and Oriented Patient	2			8
Comprehensive Normal Physical Assessment - Adult	2			
Comprehensive Normal Physical Assessment - Pediatric	2	2	2	
Direct Orotracheal Intubation - Adult	10	2		12
Direct Orotracheal Intubation - Pediatric	10	2		12
Nasotracheal Intubation	5			
Supraglottic Airway Device	5	6		12
*Needle Cricothyrotomy	2	4		2
CPAP and PEEP	2	2		2
*Trauma Physical Assessment - Adult	2	2	6	6
Trauma Endotracheal Intubation - Adult	2	2		2
*Pleural Decompression	2	2		2
Medical Including Cardiac Physical Assessment	2	2	40	10
Intravenous Therapy	10	10	50	15
Intravenous Bolus	3	2	2	10
Intravenous Piggyback Infusion	3	2		
Intraosseous Infusion	5	4		2
Intramuscular and Subcutaneous Medication Administration	3	2		2

Synchronized Cardioversion	5	4		10
12-Lead ECG Placement	2	0	10	
Defibrillation	5	4		10
Transcutaneous Pacing	5	4		10
Normal Delivery with Newborn Care	2	2		4
Abnormal Delivery with Newborn Care	1	2		4
Neonatal Resuscitation	1	2		4
Totals	93	64	110	139

CLINICAL AND FIELD ROTATION GUIDELINES

Prerequisites

EMT- Students must be in good academic standing in EM 101 and be in compliance with all health and background checks for the Division. No student will be placed without verification of compliance with all requirements through Viewpoint Screening.

Paramedicine- Students must be in good academic standing and have completed all didactic courses. Students must be in compliance with all health and background checks for the Division. No student will be placed without verification of compliance with all requirements through Viewpoint Screening.

Patient care experience is important for Paramedicine students because advanced patient care requires a solid foundation in assessment and EMS operations. Students are encouraged to seek employment at an EMS agency prior to enrolling in the program. Students should visit the Student Development and Career Services Office for assistance in finding employment.

Student Employment at Clinical Site

Students are not considered employees of the clinical agencies or MassBay Community College for the purposes of compensation, fringe benefits, workers compensation, unemployment compensation, minimum wage laws, income tax withholding, social security, or any other purpose. Each student is placed with clinical agencies as part of the academic curriculum. Duties performed by students are not as an employee but rather in fulfillment of these academic requirements.

At no time shall students replace or substitute for an employee of the clinical agency. This provision shall not prohibit employment of any student by an agency under separate employment agreements.

Requirements

EMT Clinical and Field Practice

There are minimum hours set for the internship; however, EM 105 is competency based. In order to ensure students meet the standards of the program, additional hours may be required. Students will complete the required clinical and field hours; however, if he or she is unable to meet the minimum competencies or skills breakdown as a result of the patient population encountered, additional laboratory time on campus will be scheduled at a mutually agreeable time for instructors and students.

EM 105	Minimum Hours
Simulation Lab	60
Field and/or Clinical Rotations	16-24
Additional Simulation Lab (if needed)	Varies
<i>Minimum hours to complete EM 105</i>	60 hours

Minimum Required Skills and Assessments

Category	Minimum Required
Prehospital Assessments (<i>simulation included</i>)	20

Paramedic Clinical Rotations

There are minimum hours set for the clinical rotations; however, clinical is competency based. In order to assure all students meet the standards of the program, additional hours or skills may be required. Clinical Seminar consists of clinical simulation and case review. Students will complete the required clinical hours; however, if he or she is unable to meet the minimum competencies or skills breakdown as a result of patient population encountered, additional clinical and time may be booked on a time and space-available basis. Remediation plans will provide guidance for students who require additional time.

<i>Unit</i>	<i>Minimum Hours</i>
<i>ER/ED</i>	<i>140</i>
<i>Pediatric ED</i>	<i>32</i>
<i>PSYCH</i>	<i>24</i>
<i>ICU</i>	<i>16</i>
<i>INPATIENT OR</i>	<i>32 recommended</i>
<i>OB</i>	<i>24 recommended</i>
<i>Simulation/Clinical Seminar</i>	<i>80</i>
<i>Total Clinical Hours (88 hours elective)</i>	<i>670</i>

Required Clinical Assessments

Patients may have multiple Chief Complaints and Impressions. The average assessment for clinical completion ranges from 110-150. Students must satisfy the **required minimum of 100 assessments, as broken down by patient age**, in order to be considered eligible for clinical completion; however, the breakdown of patient chief complaints and working diagnoses/impressions should be the student's guide throughout the clinical rotations.

Students will track their progress on Planner. These categories should be viewed as goals and not absolute minimums. Students making satisfactory progress may have some categories above or approaching goal levels. Students' overall progress and evaluations will be considered throughout clinical. These assessments may "count" in multiple categories, e.g., elderly patient c/o CP and fall.

All skills and Interventions should be performed on live patients in the clinical setting; however, in certain cases, some skills and interventions will be performed in the simulation setting. Most students will not complete the minimum airway management, rhythm interpretation, and electrical therapy skills in clinical. These will be included in the PM 210 and PM 211 clinical seminar sessions throughout clinical rotations.

Paramedic Field Practice Capstone

The field internship is a capstone course providing an opportunity for the student to work under the supervision of a Paramedic in Advance Life Support (ALS) ambulances for at least 250 hours. The student will participate in the comprehensive emergency medical care for at least 50 patient encounters at the ALS level. For at least half of the encounters, the student will act as team leader to provide them with practical experience in managing ALS patients from scene size-up through transition of patient care. The student will complete written documentation and reflective assignments throughout the internship.

Students must satisfy the required minimum 50 patient assessments that will be verified through Planner by instructor audit.

No more than 10 BLS Patients may be counted toward the total patient contacts. Based on preceptor feedback and student documentation, the faculty will assess the need for additional patient contacts. All students should aim to complete a minimum of 50 ALS patient assessments.

An ALS patient is one for whom a medication other than oxygen must be administered and/or cardiac monitoring/capnography **AND** vascular access must be secured. This does not mean that “soft workups” are allowed. Patient care must be appropriate and clinically relevant; you cannot “count” an assessment for someone with a complaint of ingrown toenail for whom you initiate an IV and place on monitor. If we find repeated instances of inappropriate care, you will be removed from field rotations, and we will contact the EMS agency.

In order for an interfacility transfer to be documented as a patient contact in the field experience or the capstone field internship, the patient must be transferred to a higher level of care requiring assessment and may require emergency care.

The first 125+ hours will be focused on developing team member skills under the direction of a preceptor. Team Leads are not accepted for ALS patients, but students may be allowed to lead for some BLS runs, at the preceptor’s discretion.

The final half (125+ hours) of the field practice capstone will be devoted to developing team leadership and increasingly independent field practice.

<i>Field Internship</i>	<i>250 hours</i>
<i>Summative Prep</i>	<i>40 hours</i>
ASSESSMENT	Minimum Required
<i>Assessment as Team Member</i>	25
<i>Assessment as Team Leader</i>	25
MINIMUM TOTAL	50

Clinical Seminar and Simulation Labs

Clinical skills review and seminar meetings are required and included in the scheduling of clinical rotations. Frequent review, practice, and discussion with instructors and peers is vital to academic and clinical success. These sessions are clinical days and follow the attendance policy for clinical and field rotations.

At the end of the Field Capstone course, NREMT prep and final exit competencies will be scheduled in order to assess mastery of all Paramedicine knowledge and skills as well as prepare students to sit for the NREMT exam. This schedule will be set once all students begin their rotations. These sessions will include a mandatory minimum of 40 hours of NREMT Prep and summative testing for course and Program completion.

Clinical and Field Rotation Sites

Students may be assigned to clinical and field rotations at locations throughout Massachusetts. Other locations based on availability and budget allowance may be available as well. The agencies and affiliate hospitals have been chosen to provide students with a broad variety of patient contacts and experiences.

Clinical and Field Agency Assignments

- ***Student assignments are determined by the Clinical Coordinator, Faculty, and Program Director to provide the student with the best possible experience.***
 - Factors that are considered are students' strengths and weaknesses, GPA, preferences, and student and facility availability.
 - While student preferences are valued in the process of assigning students, the faculty makes no guarantees for placements or shift availability.

- **No assignment will be changed after being posted.** The only exception to this rule is a change in the agency's availability for students.
- ***No student will be permitted to have a clinical or field experience at a facility where a family member is employed.***
 - It is the student's responsibility to inform the Clinical Coordinator, in writing, if he or she or a family member works at one of the clinical or field agencies. This correspondence must occur prior to clinical assignments.
- ***A student may be placed at an agency where she/he is employed at the discretion of the Clinical Coordinator, Program Director, and the agency representative.***
 - In the case of placement at a student's employer, every attempt will be made to place the student in another city, division, or unit from the student's primary work assignment. Placement will be at the discretion of the agency's liaison.
 - Faculty reserves the right to limit or exclude students who are employed at a clinical/field affiliate from placement at those locations.
- ***Students must be in compliance for health, ACLS and CPR to attend clinical experience. It is the student's responsibility to keep health forms and CPR up to date. Students must maintain current, unimpeded EMT Licensure in Massachusetts throughout the program.***
- ***Students are responsible for transportation to all clinical sites and parking at the clinical sites.***
- ***Students are expected to arrive at a clinical assignment on time and prepared to safely care for assigned patients.***
 - Students are expected to perform all clinical and operational tasks within their scope of practice and training.

Materials

Students must have the required uniform, stethoscope, penlight, trauma shears, protocols, binder, and any other materials as assigned by the instructor.

Limitation of Student Activity in the Clinical & Field Rotation

Performance of Skills

Students assess and treat patients under the direction of a clinical or field instructor. All interventions and patient contacts are initiated at the discretion of the instructor or preceptor.

No electrical therapy, advanced airway management, or medication administration will be performed without the expressed consent of instructor. *In addition, the instructor must be physically present and supervising the student while the intervention is performed.*

An instructor or preceptor at the clinical or field affiliate may limit the student's ability to perform a skill at any time, for any reason. Patients in the clinical and field environments are real people experiencing medical emergencies and the presence of a student during the assessment and treatment may interfere with timely emergent treatment. Effort will be made to include the student in critical cases; however, it may not be possible to allow the student to actively participate in these cases.

Any time the instructor or preceptor does not believe the student is prepared or equipped to be in clinical or field, they may terminate the shift and must notify the Clinical Coordinator to discuss the student's potential for success. Any student who is asked to leave a shift must contact the clinical coordinator immediately.

Patients may refuse assessment, interaction, or treatment by the student at any time. Students may not perform any interventions for which the patient has not given consent. It is always the patient's right to refuse.

Transportation

Throughout the program, students are responsible for their own transportation to the college and to clinical facilities. No transportation will be provided for the student.

Cell Phone Usage

Students must keep all personal cell phones silent and use those devices only during breaks off the floor. Cell phones may never be used while providing patient care.

Student Visitors

No visitors are allowed in any affiliate agency.

Computers and Technology Usage

Students are not allowed to use any electronic device on the floor of an affiliate agency without express permission of the instructor or preceptor. The program allows the use of smartphones, PDAs, and tablet computers to be used during the rotation for data entry and preceptor signatures.

Student Orientation

Orientations are required prior to beginning any clinical rotation. Students may be required to complete additional HIPAA and safety quizzes and attend a mandatory agency orientation. Orientations are scheduled prior to the beginning of clinical rotation for Paramedicine students and are set by the affiliate site. The student schedules their own field rotation orientations (both EMT and Paramedicine students). Students will be provided with all contact information for the agencies where they will intern.

Attendance

The Division of Health Sciences has a strict clinical and field attendance policy.

- *If the student misses a clinical experience, they are expected to notify the clinical agency and the instructor prior to the scheduled clinical experience.*
- ***Failure to notify the instructor prior to the scheduled clinical absence will result in the student's withdrawal from the paramedic course.***
- *The clinical faculty will determine the appropriate make-up requirement for all absences. It is the responsibility of the student to obtain the make-up assignment from the clinical faculty and complete the assignment as instructed.*
- Students are requested to provide documentation for all clinical absences. When the maximum number of absences is reached, the student will receive a performance notification indicating the consequences of exceeding allowed absences. At any time, a student's absence from the clinical area exceeds the maximum for the Paramedicine course, **the student will be immediately withdrawn from the clinical course.** Students may appeal this decision in a written letter to the Program Director and/or Dean of Health Sciences.

Clinical & Field Evaluation

Students will be evaluated on a set number of clinical skills on live patients prior to continuing in the clinical setting. Students receive a written clinical evaluation at the end of their emergency rotation completed by their MassBay clinical instructor.

- The instructor will complete evaluations on Planner.
- Instructors will complete evaluations at any time during rotations. The Clinical Coordinator will also complete evaluations during site visits.
- A final clinical evaluation is given to each student at the end of each course.

Students who need additional experience in paramedic skills may receive a lab remediation plan. The student will have one week to meet with lab instructors in Open Lab to perform the skill. Students who are having difficulty in the clinical area may receive a performance notification. The performance notification will identify areas of weakness and specific goals, which must be met.

RISK MANAGEMENT

Basic Life Support (EMT and Paramedicine)

All students must maintain AHA BLS (CPR) certification throughout the program. It is the student's responsibility to ensure compliance. EMT students will complete BLS certification as part of the course of study.

Acceptable BLS at the healthcare provider level may be obtained through the following agencies:

- American Heart Association
- American Red Cross
- Military Training Network
- National Safety Council

Pediatric Emergency Assessment Recognition and Stabilization (EMT)

All EMT students will earn AHA PEARS certification. A passing score on this exam is required for successful program completion. It is the student's responsibility to ensure compliance.

Advanced Cardiac Life Support / Advanced Cardiac Life Support-Experienced Provider (Paramedic)

All Paramedicine students must maintain AHA ACLS certification throughout the clinical and field phases of the program. It is the student's responsibility to ensure compliance.

Students earn ACLS EP certification at the end of PM 204 Cardiology.

Pediatric Advanced Cardiac Life Support (Paramedic)

All Paramedicine students must maintain AHA PALS certification throughout the clinical and field phases of the program. It is the student's responsibility to ensure compliance.

Neonatal Resuscitation Program (Paramedic)

All Paramedicine students must maintain NRP certification throughout the clinical and field phases of the program. It is the student's responsibility to ensure compliance.

Criminal Background Screening

Students must submit to CORI and SORI background checks to be eligible for continued enrollment in the program. Should a student's CORI or SORI report include a finding, it may or may not prevent a student from continuing in the program. CORI checks will be performed annually, upon enrollment, prior to clinical and prior to field for paramedics and upon enrollment for EMT students. Please refer to the DHS Handbook for more details.

Health Requirements

Students must submit health records and documentation of all required vaccinations at the start of the program. Students must advise the program of any changes in health status. Please refer to the DHS Handbook Section II-D. All students must be in compliance with division policies prior to beginning any practicum experience.

Liability Insurance

All students are covered by the Division of Health Science Professional Liability coverage. Students are not required to purchase an individual policy.

Accidents/Injuries/Exposures

The program will follow the policy of the division. Please refer to the DHS Handbook Section III. Students will submit an Incident Report form for any incident.



EMS Department Forms



MASSBAY EMS
PARAMEDICINE PROGRAM

Paramedicine Student Statement of Commitment

Please Print Using Black or Blue Ink. Please initial in the space provided at the end of each section.

I, _____
First Last Student ID

Understand that I will not receive a passing grade and I will not be allowed to continue in the Program or receive my Paramedic certificate if I fail to complete any of the requirements listed below:

1. Completion of Paramedicine Education

- I understand that I must successfully complete the Paramedicine Didactic course of study prior to entering the clinical phase.
- I understand that I must successfully complete the Paramedicine Clinical phase prior to entering the Field phase.
- I understand that MA OEMS requires that I complete the Clinical and Field phases of the Program within one (1) year of completing the didactic phase.

2. Anatomy and Physiology Requirement

- I understand that I must successfully complete Essentials of Anatomy & Physiology (BI 113) or Anatomy & Physiology I or Anatomy & Physiology II (BI 215 & BI 217) no later than the end of my first semester of study with a grade of C or higher.
- Any courses submitted for transfer credit must have been completed within the last 5 years and earned a grade of C or higher.

3. Health Records

- I will submit proof of vaccinations and physician health record as required by the Division of Health Sciences by the date indicated. It is my responsibility to complete these requirements.
- I understand that must be submitted and approved by Viewpoint Screening by the due date in order to be in compliance and eligible for clinical and field rotations.

4. CPR Certification

- I understand that I must successfully complete and maintain a valid BLS CPR card for the duration of the Program. The cost of this training will be at my own expense.
- I also understand that I will not be allowed to continue in this course if I do not maintain this credential.

5. Attendance

- I understand that 100% attendance is required at all lecture and lab courses as mandated by OEMS. Tardiness and cuts will be recorded and added to my accumulative time of absence.
- I understand that the College and the Division of Health Sciences permit no more than five (5) hours of absences in any one course. If I miss more than 5 hours, I may be withdrawn from the course.
- I also understand that any missed class time **MUST** be made up according to the policy listed in the course syllabus.

6. Minimum Grades and Continuation in Program

- I understand that I must achieve a minimum average score of 77% and pass all

final exams in order to pass all courses and be eligible to continue in the Program.

- I understand that I will not be able to progress to the next semester of the program if I do not achieve a passing score in all PM classes and achieve a C or better in BI 113 or equivalent A&P.

7. Open Lab

- I understand that all Paramedicine students are required to participate in open lab throughout the semester. I understand that these sessions allow me to practice skills under the guidance of an instructor.
- I understand that if I require a retest for any competency, I must attend open lab within one week.

8. Student Behavior

- I agree to be bound by ALL MBCC EMS Program policies and procedures for conduct, dress and facility use.
- I will purchase a MBCC Paramedic uniform required for all lab, clinical, and field assignments.
- Furthermore, I will not be argumentative, disruptive or disrespectful, I will demonstrate enthusiasm, and I will not use harsh or offensive language. I will be respectful of fellow students, the faculty, and the staff of the EMS Program, any clinical sites, and EMS agencies.
- I will behave professionally at all times while in attendance of an assigned school function or facility including but not limited to: class time, breaks, and clinical experiences. I will not drink alcohol while dressed in MassBay Paramedic student uniform.
- I will respect the program and agency Health Insurance Portability and Accountability Act (HIPAA) policies to maintain patient confidentiality and privacy.
- Any violation of these policies will be documented as an Affective Domains Violation. A maximum of 2 violations are allowed by the program. A third violation will result in removal from the Program and a failing grade for the course, pending appeal to the Dean of Health Sciences.
- Depending on the severity of the infraction, I may be immediately removed from the Program and referred to the Dean of Health Sciences and/or Dean of Students according to the Division Handbook.

9. Cheating and Misconduct

- I will not cheat on any examination or exercise nor will I falsify any documentation required for this course.
- I further understand that if I am found to have cheated on any assignment, I will receive a failing grade for that assignment and I will receive an Affective Domains Violation.
- Depending on the severity of the infraction, I may be immediately removed from the Program and referred to the Dean of Health Sciences according to the Division Handbook.
- Any subsequent violations will result in immediate removal from the Program and a failing grade for the course.
- I understand that I am obligated to report any misconduct or violation of MBCC EMS Program policy by my fellow students or myself to my instructor or to the EMS Program Director.

10. Disclosure

- I understand that I am obligated to report any misconduct or violation of MBCC EMS Program policy by my fellow students or myself to my instructor or to the EMS Program Director.

11. Examinations and Make-ups

- I will take all examinations on the dates assigned.
- I understand that I will be allowed to make up the written exam I missed within 1 week of the missed written exam and that if more time passes, I may not be eligible to make up the written examination.
- I understand that make-up written exams will be given only for extenuating circumstances such as illness, and that my instructor will determine my eligibility. I may be required by my instructor to provide a doctor's note to substantiate my illness or show other evidence to prove the validity of the extenuating circumstance(s) that precluded me from taking my written examination.
- I understand that laboratory examinations and skills examinations may not be made up.

12. Final Examinations

- I understand that I must pass the final skills examinations in all courses according to standards developed by MBCC EMS program.
- I understand that I must pass the final written examination in all courses with a minimum of 77% and pass the final skills examinations.
- I understand that failure on the final written exam in any course will result in a failing grade for that course.

13. Drug Dosage and Calculation Requirements

- I understand that I must achieve a minimum average score of 80% on all drug calculation assessments.
- I understand that I must achieve a minimum average score of 90% on the PM 202 drug calculation final exam.
- I understand that I must achieve a minimum average score of 90% on all drug calculation assessments in the clinical and field phases in order to remain in rotations.
- I understand that I have a maximum of three (3) opportunities to pass any assessment.

14. Graduation and NREMT Eligibility

- I understand that I must successfully complete all didactic, psychomotor, and affective competencies prior to entering the clinical and field phase of the program
- I understand that I must meet or exceed the minimum clinical competencies prior to entering the field capstone phase.
- I understand that I must earn a minimum of 50 patient assessments and 25 team leads, with 18 of the last 20 successful in the field capstone phase.
- I understand that I must attend a minimum of 20 hours per week for 8 weeks of hospital clinical during PM 210 and a minimum of 24 hours per week for 8 weeks during PM 211. This number is inclusive of the 5 hours per week of mandatory on-campus clinical seminar.
- I understand that I must attend a minimum of 32 hours per week for 8 weeks of field clinical during PM 212. The final skills examinations in all courses according to standards developed by the MBCC EMS program.
- I understand that I must attend a minimum of 40 hours of final summative testing and practice at the conclusion of PM 212 in order to be eligible to graduate.
- I understand that I must pass the summative cognitive, psychomotor, and affective assessment at the conclusion of PM 212 in order to be eligible to graduate. The written examination must be passed with a minimum score of 77%.
- I understand that I must maintain a minimum of 70% questions correct on EMS Testing quizzes and exams AND earn scores of "Good" or "Exceptional" in every required Adaptive module and at least one Comprehensive Adaptive Test in order

to be eligible to sit for NREMT certification exams.

- I understand that failure to complete any one of these requirements on schedule or failure to meet the requirements will result in a remediation plan and delay in becoming eligible for the NREMT exam. Failure to complete the remediation plan as stated or subsequent failure will result in ineligibility for NREMT exam and failure of PM 212.

15. Failure to Meet the Terms of This Statement of Commitment

- I agree to drop, withdraw (receive a "W"), or receive a non-passing grade (whichever applies) if I am unable to complete the above within the time frames listed or if I am unable to adhere to my commitment as it is written here.

16. Media Release

- I hereby grant Massachusetts Bay Community College permission to use my likeness in any and all media, now known or hereafter developed, throughout the world, in perpetuity, in connection with any and all editions or versions of any promotional materials. I understand that Massachusetts Bay Community College owns the copyright of any promotional materials and has the exclusive right to use any promotional materials in whatever way it wishes. I understand that I will not receive any compensation as a result of any use of my likeness as described in this release.
- I waive any rights of privacy, and/or approval that I might otherwise have with regard to the use of my likeness. No use of my likeness shall be the basis of any future claim of any kind against Massachusetts Bay Community College, its respective officers, directors, agents, employees, successors or assigns, nor shall this release be made the basis of any such claim.

17. Understanding, Duration of Commitment and Affirmation

- I fully understand and agree to be bound by this statement of commitment in its entirety for the duration of my enrollment in the MBCC Paramedic Program.
- I understand that Program requirements and policies may change during my time as a Paramedicine student. I understand that I will be notified of any such changes.
- My signature below is my affirmation of this intent.



PARAMEDICINE STUDENT STATEMENT OF COMMITMENT

Paramedicine Class _____

OEMS Approval Number: _____

Start Date: _____

Didactic Completion: _____

Planned Graduation: _____

Program Requirements must be completed no later than: _____

NREMT Eligibility Expires: _____

I have had ample opportunity to ask questions and review the information contained in this document, the College Catalog, and the EMS Handbook. I agree to adhere to the policies of the program and division. I understand this statement is my contract with the Paramedicine Program. I understand the requirements of the EMS Department and the Paramedicine Program for Students and Faculty. I further understand that the policies are subject to change and I will be notified in writing of any changes.

Student:

Signature: _____ Date _____

Print Name: _____

Program Director:

_____ Date _____

EMT Student Statement of Commitment

Please Print Using Black or Blue Ink. Please initial in the space provided at the end of each section.

I, _____
First Last Student ID



Understand that I will not receive a passing grade and I will not be allowed to continue in the Program or receive my EMT certificate if I fail to complete any of the requirements listed below:

1. Completion of EMT Education

- I understand that I must enroll in and successfully complete EM 101 and EM 105 in the same semester in order to be eligible for NREMT certification.
- I understand that I must successfully document a minimum of 20 patient care reports by the dates assigned.
- I understand that MA OEMS and NREMT allow a maximum of 2 years to seek initial EMT certification. After that time, a candidate will be required to take a new EMT program.

2. Health Records

- I will submit proof of vaccinations and a physician's health record as required by the Division of Health Sciences by the date indicated. It is my responsibility to complete these requirements.
- I understand that documentation must be submitted and approved Viewpoint Screening by the due date in order to be in compliance and eligible for clinical and field rotations.

3. CPR Certification

- I understand that I must successfully complete the BLS CPR program at the beginning of this course.
- I also understand that I will not be allowed to continue in this course if I do not maintain this credential.

4. Attendance

- I understand that 100% attendance is required at all lecture and lab courses as mandated by OEMS. Tardiness and cuts will be recorded and added to my accumulative time of absence.
- I understand that the College and the Division of Health Sciences permit no more than five (5) hours of absences in any one course. If I miss more than 5 hours, I may be withdrawn from the course.
- I also understand that any missed class time **MUST** be made up according to the policy listed in the course syllabus.

5. Minimum Grades and Continuation in Program

- I understand that I must achieve a minimum average score of 77% and pass all final exams in order to pass all courses and be eligible to continue in the Program.

6. Open Lab

- I understand that all EMT students are required to participate in open lab throughout the semester. I understand that these sessions allow me to practice skills under the guidance of an instructor.
- I understand that if I require a retest for any competency, I must attend open lab

within one week.

7. Student Behavior

- I agree to be bound by ALL MBCC EMS Program policies and procedures for conduct, dress and facility use.
- I will purchase a MBCC EMT uniform required for all lab, clinical, and field assignments.
- Furthermore, I will not be argumentative, disruptive or disrespectful, I will demonstrate enthusiasm, and I will not use harsh or offensive language. I will be respectful of fellow students, the faculty, and the staff of the EMS Program, any clinical sites, and EMS agencies.
- I will behave professionally at all times while in attendance at an assigned school function or facility, including but not limited to: class time, breaks, and clinical experiences. I will not drink alcohol while dressed in MassBay EMT student uniform.
- I will respect the program and agency Health Insurance Portability and Accountability Act (HIPAA) policies to maintain patient confidentiality and privacy.
- Any violation of these policies will be documented as an Affective Domains Violation. A maximum of 2 violations is allowed by the program. A third violation will result in removal from the Program and a failing grade for the course, pending appeal to the Dean of Health Sciences.
- Depending on the severity of the infraction, I may be immediately removed from the Program and referred to the Dean of Health Sciences and/or Dean of Students according to the Division Handbook.

8. Cheating and Misconduct

- I will not cheat on any examination or exercise, nor will I falsify any documentation required for this course.
- I further understand that if I am found to have cheated on any assignment, I will receive a failing grade for that assignment and I will receive an Affective Domains Violation.
- Depending on the severity of the infraction, I may be immediately removed from the Program and referred to the Dean of Health Sciences according to the Division Handbook.
- Any subsequent violations will result in immediate removal from the Program and a failing grade for the course.

9. Disclosure

- I understand that I am obligated to report any misconduct or violation of MBCC EMS Program policy by my fellow students or myself to my instructor or to the EMS Program Director.

10. Examinations and Make-ups

- I will take all examinations on the dates assigned.
- I understand that I will be allowed to make up the written exam I missed within 1 week of the missed written exam and that if more time passes, I may not be eligible to make up the written examination.
- I understand that make-up written exams will be given only for extenuating circumstances such as illness and that my instructor will determine my eligibility. I may be required by my instructor to provide a doctor's note to substantiate my illness or show other evidence to prove the validity of the extenuating circumstance(s) that precluded me from taking my written examination.
- I understand that laboratory examinations and skills examinations may not be made up.

11. Graduation and NREMT Eligibility

- I understand that I must successfully complete all didactic, psychomotor, and affective competencies by the end of the semester.
- I understand that I must meet or exceed the minimum clinical competencies in order to successfully complete the EMT program.
- I understand that I must pass the summative cognitive, psychomotor, and affective assessment at the end of the semester in order to be eligible to take the NREMT exam. The written examination must be passed with a minimum score of 77%.
- I understand that I must maintain a minimum of 70% questions correct on EMS Testing quizzes and exams AND earn scores of "Good" or "Exceptional" in every required Adaptive module and at least one Comprehensive Adaptive Test in order to be eligible to sit for NREMT certification exams.
- I understand that failure to complete any one of these requirements on schedule or failure to meet the requirements will result in a remediation plan and delay in becoming eligible for the NREMT exam. Failure to complete the remediation plan as stated or subsequent failure will result in ineligibility for NREMT exam and failure of EM 101 and EM 105.

12. Media Release

- I hereby grant Massachusetts Bay Community College permission to use my likeness in any and all media, now known or hereafter developed, throughout the world, in perpetuity, in connection with any and all editions or versions of any promotional materials. I understand that Massachusetts Bay Community College owns the copyright of any promotional materials and has the exclusive right to use any promotional materials in whatever way it wishes. I understand that I will not receive any compensation as a result of any use of my likeness as described in this release.
- I waive any rights of privacy and/or approval that I might otherwise have with regard to the use of my likeness. No use of my likeness shall be the basis of any future claim of any kind against Massachusetts Bay Community College, its respective officers, directors, agents, employees, successors, or assigns, nor shall this release be made the basis of any such claim.

13. Failure to Meet the Terms of This Statement of Commitment

- I agree to drop, withdraw (receive a "W"), or receive a non-passing grade (whichever applies) if I am unable to complete the above within the time frames listed or if I am unable to adhere to my commitment as it is written here.

14. Understanding, Duration of Commitment and Affirmation

- I fully understand and agree to be bound by this statement of commitment in its entirety for the duration of my enrollment in the MBCC EMT Program.
- I understand that Program requirements and policies may change during my time as an EMT student. I understand that I will be notified of any such changes.
- My signature below is my affirmation of this intent.



MASSBAY EMS
EMT PROGRAM

EMT STUDENT
STATEMENT OF COMMITMENT

EMT _____

OEMS Approval Number: _____

Start Date: _____

Course Meets: _____

Last Day to Submit Patient Care Reports: _____

Final Exams: _____

NREMT Cognitive Examination: You will schedule this on your own

NREMT Psychomotor Examination: _____

NREMT Eligibility Expires: _____

I have had ample opportunity to ask questions and review the information contained in this document, the College Catalog, and the EMS Handbook. I agree to adhere to the policies of the program and division. I understand this statement is my contract with the EMT Program. I understand the requirements of the EMS Department and the EMT Program for Students and Faculty. I further understand that the policies are subject to change, and I will be notified in writing of any changes.

Student:

Signature: _____ Date _____

Print Name: _____

Program Director:

_____ Date _____

Lead Instructor:

_____ Date _____



Affective Domain Evaluation

Student Name: _____

Date: _____

The goal of the Paramedic Program is “to prepare competent entry-level paramedics in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains.” Students are introduced to professional behavior and service excellence concepts during orientation and are expected to develop and display appropriate affective attitudes and behaviors throughout the program.

The program’s affective evaluation is used by program faculty to evaluate the student’s affective behavior. This evaluation score counts toward course and program completion. Students will evaluate themselves and then faculty will provide feedback to the student concerning his/her progress, emphasizing acceptable and unacceptable behavior. If a student persists in unacceptable behavior, disciplinary action will occur.

Please use the attached guide to rate the student in each of the below areas. For convenience, a brief description of the attribute to be evaluated is included in each section. Base the rating on your observations only. The categories identify professional behaviors described as desirable attributes of EMS medical professionals. The descriptions within each category represent the behaviors generally expected for the individual.

A score of 3 is considered average and represents the expected acceptable level of conduct for that category. You should be able to provide verification (as written or verbal proof as appropriate) for any score other than “3”. Place comments on back as needed.

Average score: 21-60% 28- 80% 35- 100%

Self Score	Component Evaluated	Instructor Score
	(Examples of professional behavior include, but are not limited to the description below each component)	
	1. Professionalism	
	2. Attendance & Punctuality/Integrity	
	3. Initiative & Caring	
	4. Judgment & Decision Making	
	5. Self-Confidence	
	6. Participation	
	7. Adaptability	
	8. Professional Communication	
	9. Ethics & Confidentiality	
	10. Cooperation & Teamwork	
	11. Preparedness & Commitment to Task	
Total Score (max 35)		

Evaluator Name _____

Title _____

Evaluator Signature _____

Date _____

Student Comments:

Instructor Comments:

Student Name: _____ Date: _____

Self
Score

AFFECTIVE DOMAIN EVALUATION

Faculty
Score

(Examples of professional behavior include, but are not limited to the description below each component)

Professionalism

- 3 Consistently maintains a professional appearance; consistently maintains a professional attitude; acts responsibly and respectfully toward others at all times; consistently complies with school and hospital dress code policies. Projects a professional image.
- 2 Generally maintains a professional appearance; maintains a professional attitude; acts responsibly and respectfully toward others. Generally complies with school and hospital dress code policy. Rarely requires reminding.
- 1 Is inconsistent in professional appearance and/or attitude; does not always act responsibly toward others; requires occasional reminder of appropriate professional appearance and/or behavior and school and hospital dress code policies.
- 0 Does not present a professional appearance or attitude; does not act responsibly toward others; requires frequent reminders of school and hospital dress code policy. Plan of Action needed.

Attendance and Punctuality/Integrity

- 3 No absences; always on time; takes the allowed time for lunches and breaks.
- 2 Rare absence or tardiness; takes the allowed time for lunches and breaks.
- 1 Occasionally absent and/or late or occasionally takes excessive lunches and breaks.
- 0 Excessive absences and/or often late; abuses breaks and mealtimes; has to be reminded of the school attendance policy.

Initiative/Caring

- 3 Consistently makes constructive use of time; seeks tasks without prompting and completes them with minimal instruction/supervision; willing to work on problems until they are resolved.
- 2 Generally seeks unassigned tasks and performs them without detailed instructions; usually willing to work on problems until they are resolved.
- 1 Rarely seeks unassigned tasks; generally performs tasks without detailed instructions.
- 0 Must be told exactly what to do and when; poor use of spare time.

Judgment/Decision Making

- 4 Consistently associates theory with EMS experiences; makes independent, reliable decisions in solving problems.
- 3 Generally associates theory with EMS experience; sees important aspects of problems; needs occasional guidance in solving problems.
- 2 Attempts to associate theory with EMS experience; sees important aspects of problems; follows standard procedure; requires guidance in solving problems.
- 1 Has difficulty associating theory with EMS experience; follows standard procedures; unable to solve problems.
- 0 Does not recognize problems; unwilling to make decisions.

Self-Confidence

- 4 Consistently works with assurance and confidence; recognizes limitations by seeking advice when appropriate; displays self-confidence by making appropriate decisions when confronted with choices.
- 3 Generally works with assurance; usually recognizes limitations by seeking advice when appropriate; usually displays self-confidence by making appropriate decisions when confronted with choices.
- 2 Progressing towards working with assurance, lacks self-confidence, can be indecisive.
- 1 Indecisive; cannot proceed without supervision.
- 0 Overconfident; unaware of own limitations; often makes inappropriate decisions.

Participation

- 3 Eagerly and consistently participates in class and lab; consistently prepared to participate.
- 2 Generally participates in class and lab; generally prepared to participate.
- 1 Occasionally participates in class and lab; needs improvement.
- 0 Reluctantly participates in class and lab; needs improvement.

Adaptability

- 3 Consistently exhibits adaptability by easily adjusting to new situations; maintains composure during new experiences requiring assessment by the student; copes with distractions concerning the task(s) at hand; demonstrates flexibility in scheduling tasks.
- 2 Generally exhibits adaptability by adjusting to new situations; maintains composure during new experiences requiring assessment by student in most situations; generally copes with distractions concerning the task(s) at hand; usually demonstrates flexibility in scheduling tasks.
- 1 Demonstrates frustration in adaptability to new situations, new experiences requiring assessment by the student, coping with distractions concerning the task(s) at hand, and/or demonstrates frustration with changes in scheduling tasks.
- 0 Unable to adapt to new situations; loses composure during new experiences requiring assessment by the student; unable to cope with distractions concerning the task(s) at hand; unable to cope with changes in scheduling tasks.

Professional Communication

- 4 Consistently communicates appropriately; verbally communicates ideas in terms the listener can understand; attentive; listens carefully; records data correctly and legibly.
- 3 Generally communicates appropriately; has some difficulty expressing ideas; listens carefully; records data correctly and legibly.
- 2 Attempts to communicate appropriately; has difficulty expressing ideas; data occasionally illegible.
- 1 Orally and written communication adequate however is a poor listener and talks over others.
- 0 Does not communicate professional information accurately and/or precisely; handwriting illegible; inattentive; does not listen when another is speaking. Plan of Action needed.

Ethics and Confidentiality

- 3 Eagerly accepts and incorporates suggestions; appreciates assistance by the instructor; complies with HIPAA and treats all patient information with confidentiality.
- 2 Generally considers suggestions and constructive criticism; complies with HIPAA and treats all patient information with confidentiality.
- 1 Reluctantly considers suggestions and constructive criticism; complies with HIPAA and treats all patient information with confidentiality.

- 0 Resents any form of supervision or constructive criticism and/or does not comply with HIPAA and patient confidentiality policies. (Any HIPAA violations must be reported to program director for possible sanctions).

Cooperation/Teamwork

- 3 Successful team worker; promotes cooperation among group members; receptive to suggestions; accepts constructive criticism well; always sensitive to cultural diversity.
- 2 Works well with others; is sensitive to the needs of others; receptive to suggestions; sensitive to cultural diversity.
- 1 Gets along sufficiently with others: usually receptive to suggestions but may have a hard time accepting constructive criticism; usually sensitive to cultural diversity.
- 0 Antagonizes and irritates fellow students; has interpersonal conflicts with others; does not accept constructive criticism well; not sensitive to cultural diversity. Plan of Action needed.

Preparedness/Commitment to Task

- 2 Demonstrates preparedness for class and lab by following directions and completing the tasks assigned with minimal additional instruction; Always completes assigned tasks.
- 1 Generally demonstrates preparedness for class and lab by following directions and completing the tasks assigned; may require additional instruction; Usually completes assigned tasks.
- 0 Does not demonstrate preparedness for class and lab; does not follow directions and has difficulty in completing the tasks assigned.



Problem-Based Learning and Flipped Classroom Education

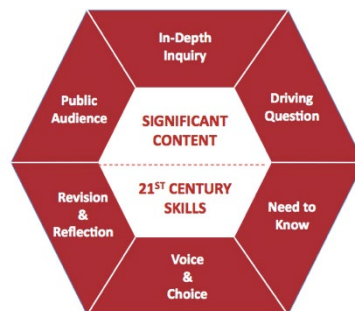
Purpose

Facilitate group learning and collaborative process by emphasizing the development of:

- Critical thinking and problem-solving skills
- Written and oral communication skills
- Technological and research fluency

Solve real-life problems

- Identify what you know, do not know, and what you need to know to solve the task.



Benefits

- Improved motivation, engagement, and teamwork
- Promotes deeper knowledge of content and retention of knowledge as compared with lecture and traditional exams
- Serves as basis for professional practice as part of the health care team

Potential Pitfalls

- Time! PBL requires student initiative and faculty support to be successful
- Requires students to be prepared and instructors to hold them accountable
- Accessibility issues with technology
- Equitable distribution of work among group members
- Varying proficiency in the topic among group members
- Instructor's readiness to implement (professional development)

How to Implement in EMS Education

- **High-fidelity simulation exercises** that recreate real-life situations where students must perform skills and integrate knowledge and assessments to arrive at a treatment plan. They then implement the plan and must respond to changes based on those interventions. These may be video productions by student groups.
- **Case studies** for discussion on any potential patient presentation, especially those that are open-ended, subjective, and vague (but solvable, may be used to stimulate critical thinking and decision-making using the information provided and the knowledge previously learned. These should be used to facilitate lecture rather than PowerPoints.
 - **Present a case**
 - **Have students write scenarios**
- Develop **graphic organizers** (student or faculty-prompted) to organize content to explain situations or context
 - Planning for disaster management where multiple internal and external factors exist and interact
 - Relationship of medications used for multiple conditions: explain the how and why of each use
 - Describing the potential differential diagnoses for a given patient complaint, e.g., complaint of chest pain & DDx may include AMI, muscle sprain, indigestion, and many others. Displaying these graphically can help solidify the treatment options and decision-making strategies for each.

Resources

Problem Based Learning (Delaware):: <http://www1.udel.edu/inst/>

Problem Based Learning (Stanford): <http://www.studygs.net/pbl.htm>

Case Based Teaching (MGH IHP): <https://goo.gl/WRFCy2>

Problem Based Learning (Dan Limmer): <https://youtu.be/1O7EvvXbOIM>

10 Tips to Improve Your Differential Diagnosis: <http://goo.gl/9wFhkW>

EMS Strategies for Success: <http://goo.gl/aSdDIG>

Criteria-based vs Fact-based Education: <http://goo.gl/dHFjYy>

It's Time to Do Away With Steps: <http://goo.gl/zDyFqQ>

7 Things you should know about Flipped Classrooms: <https://goo.gl/F6P3qU>

Flipped Classrooms (Vanderbilt): <https://goo.gl/BMsRFZ>

Flipped Classroom: <http://goo.gl/HX9IfN>

Steps to Flipping your Classroom: <https://goo.gl/z6HWvQ>



MassBay EMS Radio Procedures and Etiquette Guidelines

Purpose: To maintain professional and appropriate radio communication standards for compliance with FCC regulations and EMS Department policy.

Operations Communication Guide

1. When using the radios, no foul language or unprofessional demeanor shall be used while transmitting over frequencies. Random listeners as well as the Federal Communications Commission monitor radio frequencies.
2. The following radio channel assignments are to be used so as not to interfere with other organizations' communications: TBD
3. These radios are capable of transmitting and receiving over FCC-regulated and licensed frequencies on VHF and UHF bands; therefore, due caution must be used to maintain operations on "Family" classified radio frequencies outlined in item 2.
4. Radios must be accounted for and squads are responsible for their safe handling. If a radio is malfunctioning or damaged, it must be reported to a faculty member immediately and taken out of service. *(If a radio is damaged or malfunctioning, please submit a "Damaged/Malfunctioning Radio form" and notify Michael Hanley-McCarthy so that appropriate repairs can be arranged.)*
5. Batteries and other radio components are not to be removed except by a faculty member.
6. Lapel microphones shall remain affixed to the radios at all times. If a lapel microphone is removed for any reason, it must be given to a faculty member to maintain accountability of the asset. Documentation of the presence of the lapel microphone is required on the *Radio Sign-Out/Sign-In Log*.
7. All radios assigned to squads/crews shall be signed out in the *Radio Sign-Out/Sign-In Log*. Likewise, the radio will be signed back in once the crew is finished using it for the day.
8. If there are other persons (not affiliated with the EMS Department at MassBay) on the same radio channel that you are using, you shall yield to their traffic and select a different free channel.
9. Radios must be charged and ready, or batteries ensured to be in operation-ready condition prior to the start of any simulation.

10. The following procedure shall be used while dispatching squads to “mock emergencies” in the clinical simulation setting:

State: “This is a drill, this is only a drill” intermittently throughout radio communications.

a. Dispatch of Unit/Squad

Example:

Dispatcher: “MassBay EMS Operations calling Ambulance/Squad/Paramedic ____.” (Wait for response)

“Respond to (location) for (call nature).”

Crew will respond with: “Ambulance/Unit/Paramedic/Squad ____ has (will repeat the location dispatched), and is responding.”

b. On-Scene

Crews will notify the “dispatcher” when they arrive at the patient or the reported scene. They should update if they need additional resources after gathering a doorway assessment or a general impression of the patient. If multiple patients are present, the number of patients requiring medical assistance shall be relayed to the “dispatcher” so additional squads may be sent to assist.

Example:

Crew: “Ambulance 1 calling MassBay Operations.”

Dispatcher: “MassBay Operations answering Ambulance 1”

Crew: “Ambulance 1 is on scene. It appears we have two patients; can you send an additional ambulance”

Dispatcher: “Message received Ambulance 1, on scene requesting an additional unit for a second patient at (timestamp). “

c. Transporting/En-route to “Hospital”

Crews will notify the “dispatcher” that their patient is now loaded on the stretcher and they are en-route to the simulated hospital. Crews should prepare for hospital notification if indicated at this time.

Example

Crew: “Ambulance 1 calling MassBay Operations”

Dispatcher: “MassBay Operations answering Ambulance 1”

Crew: “Ambulance 1 is transporting to MassBay Medical Center”

Dispatcher: “Received Ambulance 1, at (timestamp).”

d. Arrival at the Hospital

Crews will notify the “dispatcher” that they have “arrived” at the hospital and are ready to give report on the simulated patient.

Example:

Crew: "Ambulance 1 calling MassBay Operations"

Dispatcher: "Answering Ambulance 1"

Crew: "Ambulance 1 is arriving at MassBay Medical Center"

Dispatcher: "Ambulance 1 arriving at (timestamp)."

e. Clear/Available/In Service

Crews will notify the "dispatcher" when they are available for the next call or complete with the incident.

Example:

Crew: "MassBay Ambulance 1 calling MassBay Operations"

Dispatcher: "Answering Ambulance 1"

Crew: "Ambulance 1 is clear and available"

Dispatcher: "Ambulance 1 clear and available at (timestamp)."

11. C-Med Operations shall coincide with established C-Med radio report guidelines, outlined in the Mock C-Med Communication Guide.

Mock C-Med Communication Guide

1. Students shall provide "entry notification" via radios on a channel that is assigned specifically for hospital report practice. This will provide an educational experience to mock hospital entry note requirements and provide practice for real-world application.
2. When providing entry notifications, the following items must be stated by crews when travelling to the simulated hospital environment:
 - a. Age of patient
 - b. Sex of patient
 - c. Chief complaint
 - d. Vital signs
 - e. Assessment findings
 - f. Treatment
 - g. ETA
3. All students shall provide the necessary information that would be required on a real street call allowing a hospital to prepare specific resources that may be needed to rapidly assess and treat patients that meet certain criteria. That criteria may include:
 - a. Trauma requiring multiple resources (Adult or Pediatric)
 - b. Case of STEMI
 - c. CVA within a 5-hour time of onset window
 - d. Cardiac arrest (with or without ROSC)
4. "Dispatchers" may be dual assigned the role of "C-Med Operator" in cases with limited staffing or larger class sizes.

Mock C-Med Entry Example:

Crew: "MassBay C-Med, MassBay C-Med, MassBay Ambulance 1 on-line requesting entry notification to MassBay Medical Center."

C-Med Operator: "Switch to channel (#) for MassBay Medical Center."

Crew: "MassBay Ambulance 1 switching to channel (#)."

C-Med Operator: "Attention MassBay Medical Center, MassBay Ambulance 1 on-line with an entry notification, MassBay Medical Center?"

Hospital: "MassBay Medical Center is on-line, go ahead Ambulance 1."

Crew: "MassBay Ambulance 1 is en-route with a 55-year-old female who is alert and oriented x4. Patient was out walking when she began experiencing 10/10 sub-sternal crushing chest pain radiating to her left arm and into her jaw with associated shortness of breath. Patient is pale, cool, and diaphoretic with weak radial pulses. Current vitals are: BP 90/60, HR 110, RR 22, BGL 108mg/dl, SpO2 91% on 15 LPM O2 via NRB. Patient with history of MI and HTN. Patient with a prescription for NTG, however it was withheld due to hypotension. Patient was administered 324mg ASA PO. Our ETA is 5 minutes, do you have any questions?"

Hospital: "No questions, room assignment on arrival, MassBay Medical Center is clear"

Crew: "Received MassBay Medical Center, MassBay C-Med, Ambulance 1 is relinquishing the channel."



TO BE COMPLETED BY SQUAD WHEN USING RADIOS FOR
SIMULATION ACTIVITIES.

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Damaged/Malfunctioning Radio Reporting Form

Date of Incident/Report: _____

Name: _____

Person Reported To: _____

Radio ID#: _____ Squad # (If Applicable): _____

Lapel Mic Present? (Y/N) _____

Description of the Problem:

Report to be given to faculty member or program director upon completion.

MASSBAY COMMUNITY COLLEGE
DIVISION OF HEALTH SCIENCES
EMS Department
Make-Up Assignment Form

Student Name _____

Faculty Member _____

Missed Class _____

Topics Covered _____ ***Make-up
Assignment*** _____

Due Date _____

Additional Details: _____

For external and non-EMS-sponsored make-up activities, please have a representative from the organization/agency sponsoring the activity sign this form to confirm you were in attendance.

Representative Name _____

Signature _____

Date _____

Upon completion of the make-up activity, both student and faculty member will confirm completion:

Faculty Signature _____ Date _____

Student Signature _____ Date _____



Closed Call Rules for Paramedicine Clinical Courses		
Before/After Shift	Check in and Out for each and every shift at the appropriate times. Any exceptions must be discussed with your instructor.	
Begin Documentation	Create a shift, if one does not exist	Email your schedule at least a week in advance to your instructor
Information	Select from list of current preceptors	Contact your instructor to add a preceptor Do not add a name that does not match your signature page
	Confirm Actual Shift Start and End.	If you cannot edit these, please contact your instructor.
Skills Entry	If you only performed a skill such as ECG or IV therapy and do not have enough information to complete an assessment	Skills only entries do not require a narrative. ASSESSMENT will not be accepted if put in as only a "skills only" entry
or		
Patient Information	Enter all patients, including age, gender, type, chief complaint, and all skills performed (observed/successful/attempted)	All of these fields are required.
	Enter Patient Notes (Level of Consciousness/Event Circumstances/Medications)- this is the bulk of your narrative. Be sure all narratives include ; LOC, Complaints, Event/Circumstances ("HPI"), PE, Tx, Changes/Dispo. These do not need to be lengthy exercises, but need to demonstrate your patient management, assessment, and decision-making.	A narrative is required for each assessment
	Open the Clinical Evaluation Form and complete remaining pieces of narrative -ALS/BLS determination -Impression/DDx -any comments, if applicable Complete the evaluation tool ratings - Competent/Not Competent for EVERY patient interaction	These fields must be completed, and the shift will not be accepted without them. These do not need to be lengthy exercises but need to demonstrate your patient management and assessment and decision-making. You cannot edit the Patient Information from this page.
Forms	Complete the appropriate forms for each shift: Site/Preceptor Evaluation Paramedicine Student Evaluation of Preceptor	Give your honest feedback. We will review these.
Documents	Complete a binder page for each shift- check off skills/assessments performed for each patient contact. Complete the self-eval and preceptor eval for each patient contact- have Preceptor initial Have preceptor complete page 2 eval and signature page. MAKE SURE NAME AND EMAIL ARE CLEARLY WRITTEN You must sign the shift page as well.	Attach photo or scan of each binder page to Planner under Your Documents
Final Checks	Make sure your clinical shift has the appropriate date, time and unit category. Do a final check to be sure that all patients, interventions, and narratives are complete	
Submit shift	Submit your documentation within 12 hours of shift All returned documentation is due back within 3 days of return.	



MASSBAY EMS
PARAMEDICINE PROGRAM

Student Performance Improvement Plan Form

Student Performance Improvement Plan (SPIP) is initiated when a student violates the MBCC Code of Conduct, Affective Domain and/or Safe Clinical Standards. This plan is activated to help student be successful in the Program and care safely for patients. The faculty who initiates the SPIP will be responsible to for reporting to the Program Director and any other faculty or advisors, if applicable and will meet together with the student as soon as possible to formulate an appropriate plan of action for successful progression towards an improvement in behavior and/or clinical performance. The SPIP will be included in the student's file for reference.

Student Name _____ **Date** _____

Email _____ **Program** _____

<i>Area of Concern</i>	<i>Student Responsibilities</i>	<i>Faculty Responsibilities</i>	<i>Performance Measures</i>
Cite standards not met	List the recommended action communicated to the student	List remediation to be provided; include deadline dates and follow up meetings for evaluation	List behaviors that student will be able to demonstrate

I understand the information presented in the student performance improvement plan and have been provided a copy of this plan. I understand that if the areas needing for improvement are not met at specified deadline, I may receive a failing grade in the course, my ability to continue in clinical and field education may be restricted, and further disciplinary action may be indicated. I understand I now have the responsibility to complete this plan with the assistance my instructors and any needed campus resources.

Student Printed Name: _____ Date: _____

Student Signature _____ Date: _____

Faculty Name: _____ Date: _____

Program Chair: _____ Date: _____

**Student
Name** _____

Date _____

Evaluator _____

*Did the student meet the recommended
performance improvement plan?*

☐ Yes ☐ No

**Student
Name** _____

Date _____

Evaluator _____

*Did the student meet the recommended
performance improvement plan?*

☐ Yes ☐ No



Guest Speaker Name	
Class	
Date	

Part I. Please give feedback on how well this session met its objectives

	Poor Excellent				
Relevance of Content	1	2	3	4	5
Clarity of Presentation	1	2	3	4	5
Relevance to your learning	1	2	3	4	5

Part III Presenter

How do you rate the presentation (organization, use of audio-visuals, handouts, etc.)?

Poor		Excellent		
1	2	3	4	5

The speaker was highly knowledgeable:

Strongly Disagree		Strongly Agree		
1	2	3	4	5

Rate the presentation skills of the speaker:

Poor		Excellent		
1	2	3	4	5

Overall rating:

Poor	Average	Excellent
1	2	3

I want to have this speaker back in class to speak on a different topic or to run simulation:

Strongly Disagree			Strongly Agree	
1	2	3	4	5

Part III. Evaluation of Session

a) What did you learn from the session/workshop that was new?

b) How can you apply this new information in the future?

c) Other comments and suggestions

MassBay Community College

EMS Department

[Full Exercise Name]

Participant Feedback Form

Participant Feedback Form

Please enter your responses in the form field or checkbox after the appropriate selection.

Name: _____

Program: _____

Role: Student ☐ Facilitator ☐ Observer ☐ Evaluator ☐

Part I: Recommendations and Corrective Actions

- 1. Based on the exercise today and the tasks identified, list the top three strengths and/or areas that need improvement.**

1. _____
2. _____
3. _____

- 2. Is there anything you saw in the exercise that the evaluator(s) might not have been able to experience, observe, and record?**

- 3. Identify corrective actions that should be taken to address the issues identified above. For each corrective action, indicate if it is a high, medium, or low priority.**

Corrective Action	Priority

- 4. Describe the corrective actions that relate to your area of responsibility. Who should be assigned responsibility for each corrective action?**

Corrective Action	Recommended Assignment

--	--

5. List the applicable equipment, training, policies, plans, and procedures that should be reviewed, revised, or developed. Indicate the priority level for each.

Item for Review	Priority

Part II: Assessment of Exercise Design and Conduct

Please rate, on a scale of 1 to 5, your overall assessment of the exercise relative to the statements provided below, with 1 indicating strong disagreement with the statement and 5 indicating strong agreement.

Assessment Factor	Strongly Disagree					Strongly Agree				
The exercise was well structured and organized.	1	2	3	4	5					
The exercise scenario was plausible and realistic.	1	2	3	4	5					
The facilitator/controller(s) was knowledgeable about the area of play and kept the exercise on target.	1	2	3	4	5					
The exercise documentation provided to assist in preparing for and participating in the exercise was useful.	1	2	3	4	5					
Participation in the exercise was appropriate for someone in my position.	1	2	3	4	5					
The participants included the right people in terms of level and mix of disciplines.	1	2	3	4	5					
This exercise allowed my class to practice and improve priority capabilities.	1	2	3	4	5					
After this exercise, I believe my class is better prepared to deal successfully with the scenario that was exercised.	1	2	3	4	5					

Part III: Participant Feedback

Please provide any recommendations on how this exercise or future exercises could be improved or enhanced.



**MassBay Community College
Emergency Medical Services Department
MD Curriculum Review Sheet**

The attached curriculum has been reviewed for appropriateness and is approved.

Course _____

Program _____

Program Director

Date

Medical Director

Date

Comments:



Paramedicine Program Orientation Verification

I, _____, employee of _____
have completed the required preceptor orientation program as provided by Massachusetts Bay
Community College. I understand that if I have any concerns or questions in regard to the
students I will be precepting, I can call the MassBay EMS Program Director or Clinical
Coordinator.

***Financial compensation is not provided by MassBay to preceptors at this time; however, any
Paramedic Preceptor is welcome to participate in any continuing education course offered by
the EMS Department, at no cost (ACLS, PALS, NRP, BLS).***

Signature of Preceptor

Date

Printed Name of Preceptor

Contact Information:

Phone Number

Email Address

Signature of MassBay Clinical Coordinator

**Please return this signature page and the quiz to MassBay Community College EMS
Department or directly to the student.**



Paramedicine Graduate
Terminal Competency Form

We hereby certify that the candidate listed below has successfully completed all of the Terminal Competencies required for graduation from the Paramedic Education program as a minimally competent, entry-level, Paramedic and as such is eligible for Massachusetts and National Certification written and practical examinations in accordance with our published policies and procedures.

Name of Graduate

Student ID#

Enrollment Date

PROGRAM REQUIREMENTS successfully and fully completed on _____

☐ Completed all didactic and lab portions of the program by attending all sessions or appropriate make-ups. Completed all clinical and field internship rotations and performed all skills successfully and appropriately.

☐ Successful Course Completion (* indicates course with final examination)

Course	Grade	Course	Grade	Course	Hours	Grade
A&P*		PM 205*		PM 212*		
PM 201*		PM 206*				
PM 202*		PM 207*				
PM 203		PM 210*				
PM 204*		PM 211*				

- ☐ Practical Skills Sheets (all program required skills sheets)
- ☐ Clinical Tracking Records (attended all required areas, completed required skill repetitions, remediation)
- ☐ Field Internship Tracking Records (number of team leads, achieved objectives, simulation/remediation)
- ☐ Affective learning domain evaluations
- ☐ Student Counseling Form(s), as applicable

., Medical Director

Date

Program Director

Date

Name of Graduate

Student ID#

Enrollment Date

CARD COURSE CERTIFICATIONS (if applicable, prior to graduation) List:

AHA BLS HCP	on	_____
ACLS	on	_____
PALS	on	_____
AMLS	on	_____
PHTLS	on	_____
NRP	on	_____

AFTER GRADUATION - OUTCOMES

- ☐ **National Registry Paramedic Certification Earned**
- ☐ **NREMT Paramedic Practical Exam** on _____ *# attempts* _____
- ☐ **NREMT Paramedic Cognitive Exam** on _____ *# attempts* _____
- ☐ **State Paramedic certification** on _____
- ☐ **Employed performing Paramedic duties as of** _____
At _____
- ☐ **Employer Survey completed as of** _____
(surveyed within 6 to 12 months after graduation)
- ☐ **Graduate Survey completed as of** _____
(surveyed within 6 to 12 months after graduation)

DIVISION OF HEALTH SCIENCES STUDENT ACKNOWLEDGEMENT FORM
DO NOT SUBMIT UNTIL YOU HAVE READ THE ENTIRE HANDBOOK

I, the undersigned student, having read and reviewed the entirety of the MassBay Community College Division of Health Sciences Handbook and the appendix specific to my program, do agree to adhere to and abide by all College and Health Sciences and Program policies and/or their addenda, during my matriculation at MassBay Community College. Furthermore, I agree to adhere to the conduct codes and performance policies of the Clinical Education sites to which I may be assigned. I clearly understand that the failure to adhere to and abide by these policies and regulations of the College, Division, Program, Hospital and/or Clinical Site may result in my removal and subsequent withdrawal from the clinical site/classroom and/or program.

I also understand that in addition to faculty employed at the College, there may be employees of the Hospital / Clinical Agency or Practicum site which are designated by the College as a Supervisor/Preceptors / Clinical Instructors. As such, these individuals will be functioning as members of the team of instructors within one or more of the Program's clinical or practicum courses. Therefore, I understand that assessment / evaluation information about my academic and/or clinical or practicum performance may be shared with the designated / appropriate Supervisor or Clinical Site staff member(s) for the sole purpose of providing them with information needed by them for patient / client assignment or College required clinical performance evaluation / assessment. Furthermore, my academic and/or clinical records may be reviewed by duly authorized representatives of Professional, State, or National accreditation agencies.

I further understand that the Hospital or Clinical agencies or Practicum site to which I may be assigned may require that I receive clearance from the Commonwealth of Massachusetts that I do not have a criminal record of an offence which would compromise the safety or well-being of the clients or patients of that site. Therefore, I understand that my name will be submitted to the state for a CORI (criminal offender record information) and SORI (sexual offender registry information) check. A CORI/SORI check report of such an offence may preclude my eligibility for clinical or practicum assignment and thereby may negate my matriculation in the program.

Lastly, I understand that I am required to satisfy the Division of Health Sciences' Medical History/Immunization Records requirement and CPR requirement. Failure to do so will preclude my eligibility to participate in the clinical or practicum phase and may result in my inability to complete the program.

Please sign and date this form and submit it to your Viewpoint Screening account unless instructed otherwise by a faculty member.

Student's Name (Printed) _____ Student's signature _____

Program: _____

Date: _____

NOTE: Submission of this form is required prior to clinical rotations.