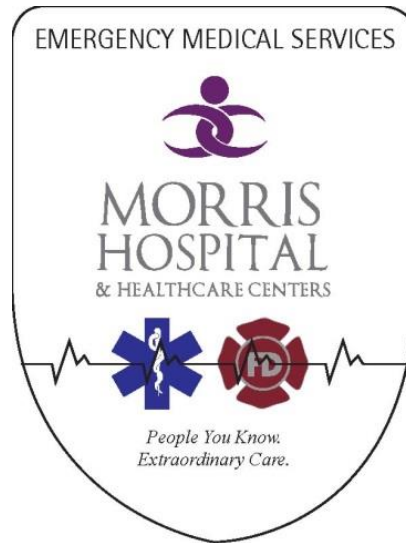


Morris Hospital & Healthcare Centers

Paramedic Program Handbook



Version 3.3

Revised- 8/13/2025

Reviewed & Approved By:

A handwritten signature in black ink, appearing to read "Sean Atchison".

Sean Atchison, D.O., Medical Director

A handwritten signature in black ink, appearing to read "Anthony Bucki".

Anthony Bucki, Program Director

A handwritten signature in black ink, appearing to read "Edward Ludwig".

Edward Ludwig, Lead Instructor

Paramedic Program Staff

Dr. Sean Atchison, Medical Director

Kim Landers, Program Dean

Anthony Bucki, Program Director

Phone # (815) 705-1225

Hours: Mon-Fri 7am-3pm

abucki@morrishospital.org

Ed Ludwig, Lead Instructor/EMS System Coordinator

Phone # (815) 705-7189

Hours: 24hr Contact

eludwig@morrishospital.org

Chrissy Warren, Lab/Clinical Coordinator

Phone # (815) 705-7179

Hours: Mon-Fri 8am-4pm

cwarren@morrishospital.org

Kadin Phelon, EMS Educator

Phone# (860) 436-7035

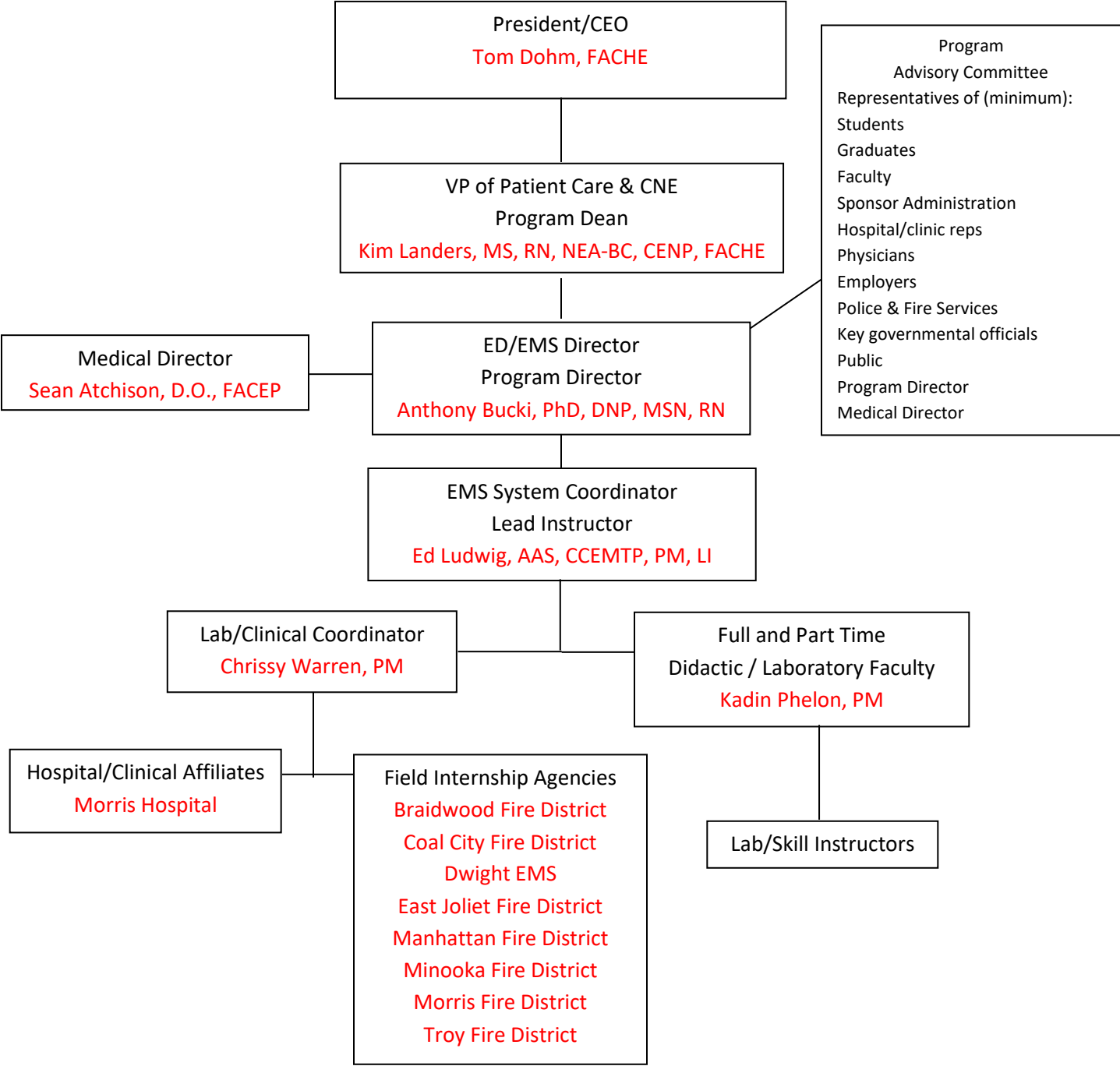
Hours: Mon-Fri 8am-4pm

Table of Contents

Program Overview	Section 1
Accreditation	Section 2
Program Mission Statement	Section 3
Program Goal	Section 4
Program Objectives	Section 5
Discrimination Policy	Section 6
Malpractice/Medical Insurance	Section 7
Physical, TB Test, Drug Test, Immunizations & Background Check	Section 8
School Closings	Section 9
Holidays	Section 10
Attendance	Section 11
Voluntary Withdrawal	Section 12
Student Conduct & Discipline	Section 13
Disciplinary Action	Section 14
Grievance Procedure	Section 15
Infection Control Plan	Section 16
Exposure to Blood Borne Pathogens	Section 17
Responsibilities & Objectives of Instructors	Section 18
Curriculum Policies	Section 19
Evaluations & Counseling	Section 20
Dress Code	Section 21
Smoking/Tobacco Policy	Section 22
Tuition & Refund Policy	Section 23
Academic Assistance	Section 24
Intellectual Property	Section 25
Classroom & Facility Description	Section 26

Leave of Absence/Interruption in Training Policy	Section 27
Conditions for Reentrance after Unsatisfactory Progress/Conduct	Section 28
Student/Employee Records	Section 29
Social Media	Section 30
Advanced Placement Policy	Section 31
Experiential Learning Policy	Section 32
Nurse-to-Paramedic Education Policy	Section 34
Essential Job Functions of a Paramedic (Functional Job Analysis)	Section 35
Transfer of Credit	Section 36
Desired Outcome of the Morris Hospital Paramedic Program	Section 37
How to Be a Critical Thinking Paramedic	Section 38

Paramedic Program Organizational Chart



1. **Program Overview**

This Paramedic Program is approved by the Illinois Department of Public Health and is eligible for college credit. Those successfully completing the Morris Hospital & Healthcare Centers Paramedic Education Program will be awarded a Certificate of Completion and 30.5 credit hours at Joliet Junior College. Graduates will be eligible to take the National Registry Paramedic Exam. The program is sponsored by Morris Hospital & Healthcare Centers in partnership with Joliet Junior College and is administered by the Morris Hospital EMS System.

2. **Accreditation**

Morris Hospital & Healthcare Centers Accreditation:

Morris Hospital is accredited by the Accreditation Commission for Health Care (ACHC).

Accreditation Commission for Healthcare (ACHC)

139 Weston Oaks Ct.

Cary, NC 27513

(855) 937-2242

www.achc.org

Accreditation Commission for Health Care (ACHC) is authorized by the Centers for Medicare and Medicaid Services (CMS) to survey all hospitals for compliance with the Medicare Conditions of Participation and Coverage.

Paramedic Program Accreditation:

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

Commission on Accreditation of Allied Health Education Programs

1361 Park Street

Clearwater, FL 33756

727-210-2350

www.caahep.org

To Contact CoAEMSP:

8301 Lakeview Parkway

Suite 111-312

Rowlett, TX 75088

214-703-8445

FAX 214-703-8992

www.coaemsp.org

Joliet Junior College Accreditation:

Joliet Junior College is accredited by the Higher Learning Commission of the North Central Association, 30 North LaSalle Street, Suite 2400, Chicago, IL 60602-2504, (312) 263-0456.

Courses and programs are approved through the Illinois Community College Board (ICCB), the Illinois Board of Higher Education (IBHE) and the Illinois Articulation Initiative (IAI) as appropriate.

Additional information, including specialized accreditation, is available in the printed college catalog and at <http://www.jjc.edu/about-jjc/institutional-research-effectiveness>.

3. Program Mission Statement

To graduate competent entry-level paramedics through cognitive, affective, and psychomotor demonstrated results.

4. Program Goals & Minimum Expectations

To prepare Paramedics who are competent in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains to enter the profession.

5. Program Objectives

Cognitive- At the completion of the program, the graduate will demonstrate the ability to comprehend, apply and evaluate the clinical information relative to his/her role as an entry-level paramedic.

Psychomotor- At the completion of the program, the graduate will demonstrate technical proficiency in all skills necessary to perform in the role of an entry-level paramedic.

Affective- At the completion of the program, the graduate will demonstrate personal behaviors consistent with professional and employer expectations for an entry-level paramedic.

6. Discrimination Policy

The Program adheres to Title VI, Title IX, ADA and Section 504; thus does not discriminate in educational and employment practices on the basis of race, color, national origin, age, sex, sexual orientation, religion, marital status, citizenship, veteran status, disability or handicap.

7. Malpractice Insurance/Medical Insurance

A student enrolled in the program will be carried by Morris Hospital's liability insurance during the course. This shall not be confused with standard medical insurance. Students are required to obtain their own medical insurance. A copy of the student's current medical insurance card will be kept in the student's file.

8. Health Clearance & Background Check

Each student must obtain a Health Clearance performed by Morris Hospital Occupational Health and an Illinois State Police background check performed by Joliet Junior College Police Department. Documentation will be maintained in the student's file.

9. School Closings

The program will announce any school closings via mass email.

10. Holidays

Holidays/Breaks will be determined by the Lead Instructor. Holidays/Breaks will be outlined in the course schedule.

11. Attendance

Classroom/Lab Attendance

Students are allowed to miss a total of 24 hours of all class and lab sessions for the duration of the program. Students will be responsible for all content and assignments missed during their absence. Each class/lab will be considered a 4-hour absence regardless of its actual length in time. Coming late or leaving early from any class/lab will be considered tardy and count as a 2-hour absence regardless of the actual time of tardiness or early departure. Students will receive an Absence/Tardy Record for each occurrence. This is a two-part form that the student and instructor will both sign documenting the absence/tardy. One copy is for the student to keep for his/her records and the other will go in the student's file. The student will be notified in writing by the Lead Instructor on their 20th hour absent and will be placed on attendance probation. On the student's 24th hour absent, they will once again receive written notification from the Lead Instructor and will also be required to have a meeting with the Medical Director and the Lead Instructor. Should the student receive further absences, they will be dismissed from the Program. Some absences will be considered excused. Excused absences are described below.

- **Excused Absences-** An excused absence is an absence that is authorized by the Lead Instructor and will not count against the 24 hours allowed in the program. Students are responsible for all missed content during an excused absence. If the student misses more than 24 hours, they will be required to make up any time over the 24 hours allowed by completing extra work assignments provided by the Lead Instructor. Excused absences will be considered for following:

- Personal Illness (with documentation)
- Death within the family
- Military call to duty

The above reasons for an excused absence shall be considered, but may not be granted. The Lead Instructor may require documented proof of the excused absence. Pre-approved arrangements for the above excused absences must be made prior to the beginning of the class/lab when reasonably possible.

Students are responsible to obtain all material missed during the absence. Due to the nature and content of the program, absences are to the detriment of the student.

Class Sign-In Sheet

For each class/lab there will be a student sign-in sheet located in the classroom. Students are required to sign in and may not sign for other students. If a student fails to sign the sheet it may be considered an unexcused absence regardless of the student's actual attendance of the class.

Clinical/Field Time Attendance

Students are required to attend clinical and field time throughout the program. Students shall schedule these experiences utilizing a computer based software called Platinum Planner. Students must schedule the clinical or field time in Platinum Planner 7 days prior to its start date and time. Students will be allowed to drop the clinical or field time or make changes up to 14 days prior to the clinical or field time start date or time. If the student fails to attend or drops a clinical or field time rotation inside the 14-day window it will count as a 4-hour unexcused absence and be deducted from the 24 hours allowed in the program. Excused absences will be allowed according to the policy of this handbook. Tardiness or early

departure from clinical and field time rotations will also be handled in the same manner as discussed in this handbook. If the student fails to complete the proper documentation for the clinical or field experience within 24hrs from the start of the shift, the clinical or field time will not count, and the student will need to reschedule the time.

Call Off Procedures

If a student will be absent from class/lab/clinical/field time they shall use the below call off procedures to properly document their absence. Failure to follow the call off procedures may result in disciplinary action including dismissal from the program.

- **Classroom Call Off-** Contact the instructor prior to the start of the class via telephone. The student will give the reason of his/her absence and the date and length of time the absence will occur. If the student cannot make contact with the instructor, they may leave a voicemail with the above information. Calling off is not to be confused with excused absences. Students are required to call off for all absences from the program however not all absences will be considered excused and will count towards the 24 hours allowed.
- **Clinical Call Off-** If the student will be absent from a clinical/ride time they shall contact the Lead Instructor and contact the clinical site prior to the start of the clinical/ride time (Do not need to contact the Emergency Department). This shall be done via telephone. If the student cannot make contact with the Lead Instructor, they may leave a voicemail with the reason they will be absent, the clinical area, and the date and time scheduled. This is not to be confused with excused absences. Students are required to call off for all absences in the program however not all absences are excused and will count towards the 24 hours allowed. *Remember this procedure only needs to be followed if the clinical is in the 14-day window. If it is outside the 14-day window the student may drop the clinical via Platinum Planner.*

12. Voluntary Withdrawal

A student wishing to withdraw from the program must submit a written resignation to the Lead Instructor and include his or her reason for leaving. There will be no refund of tuition after the last business day before the start of the course section, except under unusual circumstances. Students have a right to contact Joliet Junior College Registrar to petition for a refund. Refund dates will be listed on the JJC student registration notification. The student must also contact JJC registration office to be dropped from the course (to avoid receiving a failing grade if it is before the last day to withdraw listed on the student registration notice).

13. Student Conduct & Discipline

Student Conduct

Program policies assure professionalism within the personnel and the program. Any infraction that may be detrimental to the welfare or reputation of an individual or the program will not be tolerated and are subject to disciplinary procedures. Students are bound to the JJC Student Code of Conduct and Academic Honor Code in addition to the Morris Hospital Paramedic Program Handbook. A student must remain in good standing with JJC, Morris Hospital and its Clinical Affiliates to continue in the program.

Disciplinary Procedures

The following are the Paramedic Program disciplinary procedures:

Didactic

A list of those incidents that may warrant disciplinary action in relation to the didactic phase include, but are not limited to the following:

- Failure to adhere to the attendance policy
- Excessive excused absences
- Destruction of property
- Leaving without permission
- Carelessness of program property
- Dishonesty, cheating, plagiarism, and forgery
- Foul language or abusive behavior
- Failure to comply with program policies/procedures
- Poor personal appearance
- Sleeping in class
- Tardiness
- Being under the influence or in possession of alcohol/drugs
- Firearms possession or dangerous weapons
- Sexual harassment/ Title IX violations
- HIPAA violations
- Social Media Violations
- Unauthorized Collaboration

Clinical

A list of those incidents which may warrant disciplinary action in relation to the clinical phase include, but are not limited to the following:

- Unexcused clinical absence
- Sleeping in clinical area
- Lack of interest/participation
- Tardiness
- Poor personal appearance
- Destruction of property
- Inability to comply with clinical objectives
- Leaving without permission
- Improper uniform
- Dishonesty
- Carelessness
- Violation of safety rules or practices
- Lack of cooperation with personnel
- Failure to comply with clinical program policies/procedures
- Foul language or abusive behavior

- Possession or being under the influence of alcohol/drugs
- Horseplay
- Performance of unauthorized skills
- Forgery
- Sexual Harassment/Title IX violations
- Possession of firearms or dangerous weapons
- Social Media Violations
- Student removal from Clinical Affiliates due to procedural, behavioral, or policy violations will result in dismissal from the program.

Depending on the severity of the incident, as determined by the Lead Instructor, any violation listed above may result in dismissal from the program.

14. Disciplinary Action

Probation

Probation may be enacted as a disciplinary action if a student displays an unsatisfactory attitude, conduct, clinical, classroom, or academic performance. During probation, remedial measures for improvement must be completed as outlined by the Lead Instructor. Any failure to comply with probationary measures may result in the student being dismissed from the program. Students on probation will be reevaluated on a weekly basis. Additional assignments may be given depending on the areas of weakness. The student will remain on probation until the Lead Instructor determines that the student has satisfactorily met the conditions of probation.

Dismissal

The Lead Instructor reserves the right to dismiss any student whose academic standing, clinical performance, attitude, or conduct does not meet program requirements. The dismissal of a student's participation may also become necessary if the student's personal health issues cause attendance problems or cause potential risk to patients, other students, or faculty.

15. Grievance Procedures

Student Grievance Procedures

Student Rights

The student has the right to receive full and fair consideration of problems that cannot be settled through the normal channels between the Lead Instructor and the student. This procedure will be used when differences arise between a student and the program faculty as to the interpretation or application of any of the provisions of the program's policies, rules, and regulations. An earnest effort to resolve the matter fairly and promptly will be made in a manner outlined below. Any student may utilize this procedure without prejudice of any kind. This procedure allows a student to obtain a full and impartial hearing of problems and concerns and applies to both didactic and clinical portions of the program. Unless notified by the Lead Instructor, the student involved will maintain academic rights and standings pending the outcome of any decision under this policy. The student also has the right to file a formal academic complaint or a final grade appeal at JJC according to JJC's policy and procedures upon completion of

the paramedic program grievance procedure. The program's grievance procedure cannot overturn any decision made by Joliet Junior College or Clinical Sites regarding student discipline, suspension, removal or academic standing. The program's grievance procedure only applies to specific/internal program policy, procedures, and discipline acted on exclusively by the program.

Initial Concerns

Students may discuss questions, concerns, suggestions, or problems with the instructor involved. The instructor will make every effort to deal with the complaint/problem in a professional manner and in compliance with program policies and procedures. The instructor shall be available within three (3) working days of a request by a student for a meeting and will give a verbal answer to the student within two (2) working days after the meeting.

Appeal to Medical Director / Lead Instructor

If dissatisfied with the instructor's verbal response, the student may submit the matter in writing to (a) the Medical Director if the issue concerns a patient care problem (either real or perceived) which could cause harm to the patient or (b) to the Lead Instructor if the issue concerns an academic or programmatic problem. A meeting with the student will be called with five (5) working days after receipt of the complaint. The student will receive a written decision within two (2) working days after meeting with the student.

Appeal to Paramedic Program Grievance Committee

The decision of the Medical Director or Lead Instructor is final. However, decisions involving dismissal from the program may be appealed. The student may request that a Paramedic Program Grievance Committee be convened to hear the student's complaint. This request must be made in writing to the Lead Instructor within five (5) days of receipt of the written decision of the Medical Director or Lead Instructor. The Paramedic Advisory Board will then appoint a non-partial Grievance Committee consisting of: one student, one JJC representative, one community EMS Administrator, a member of the Paramedic Program staff, and two members of the Paramedic Program Advisory Board. The Lead Instructor will notify the Program Director of the request for a Grievance Committee hearing. The Morris Hospital Paramedic Program Dean will serve as the presiding officer for the appeal hearing.

The Hearing

The Lead Instructor will send the student notice of the hearing; including the date, time, and place by certified mail, with a return receipt requested. The Grievance Committee will meet and hear both the student's and the program's position. The Lead Instructor or the Medical Director will present the Program's position. The student shall not be represented by an attorney during this proceeding.

The presiding officer shall act to insure that all participants in the hearing have a reasonable opportunity to present their respective positions, assure that order is maintained, and that no intimidation is permitted. He or she will determine the order of procedure throughout the hearing and will make rulings regarding procedure and the admissibility of evidence. *The hearing will NOT be construed as a legal proceeding, but internal to the Paramedic Program.*

In all cases in which a hearing is conducted under this procedure, after all positions have been presented by both sides, the Grievance Committee may overturn the decision of the Medical Director or Lead

Instructor only if it finds the student has proven that the disciplinary action being appealed was unreasonable, not supported by the evidence, or otherwise unfounded. The Grievance Committee will have ten (10) working days to reach a decision following the hearing. The presiding officer will meet with the Grievance Committee during that ten (10) day period to discuss the case. The presiding officer shall serve as a resource person to the Grievance Committee but will not participate in any voting.

The Decision

Upon reaching a decision, the Grievance Committee will document its decision to writing. The presiding officer will meet with the student and the Lead Instructor to advise them of the Grievance Committee's decision and the rationale behind that decision. Additional, but separate action may be taken as outlined by Joliet Junior College policy.

Faculty Grievance Procedures

Faculty grievance procedure will follow the Morris Hospital grievance policy located in iShare and the Hospital Administration Manual (HAM).

16. Infection Control Plan

Universal precautions are mandatory for students to don prior to caring for any patient. Gloves must be worn when touching blood and body fluids, mucous membranes, or non-intact skin; handling items or surfaces soiled with blood or body fluids; and performing venipuncture or other vascular access procedures. After contact with each patient, gloves should be changed and disposed of properly. To prevent exposure to mucous membranes of the mouth, nose and eyes, masks and protective eye wear or protective face shields should be worn during procedures that are likely to generate droplets of blood or body fluids. Gowns or aprons should be worn during any procedure likely to generate splashes of blood or body fluids.

To prevent needle stick injuries, needles *should not* be recapped, purposely bent, broken, removed from disposable syringes, or otherwise manipulated by hand. After they are used, disposable syringes and needles, scalpel blades and other sharp items should be placed in biohazard puncture-resistant containers for disposal.

NEEDLES ARE NOT TO BE INSERTED INTO STRETCHER MATTRESSES OR BENCHES EITHER IN THE HOSPITAL OR IN AN AMBULANCE!!

A student who has exudative or weeping skin lesions should refrain from direct patient care and from handling patient care equipment until the condition resolves.

Hand washing

Hand washing shall be performed after each patient contact. All jewelry should be removed and all surfaces of the hand lathered with an antimicrobial soap for at least 20 seconds. If water is unavailable, an alcohol-based scrub should be used. Hospital policies and Fire/EMS policies shall be followed at all times during rotations.

17. Exposure to Blood Borne Pathogens

Students are at risk for exposure to blood borne pathogens during skills sessions and clinical/field rotations. In the event that the student experiences a blood borne pathogen exposure, students shall follow the exposure control plan of the clinical/field area that they are attending. Students shall notify their preceptor who will assist in the steps of the specific exposure control plan. Students will be responsible for all medical costs associated with the treatment of the exposure. Students are required to notify the Lead Instructor that an exposure has occurred immediately following initial treatment of the exposure.

18. Responsibilities and Objectives of the Instructors

- Conduct the program in compliance with Paramedic Program policies and procedures.
- Conduct the program according to National EMS Education, IDPH, and CAAHEP standards.
- Provide an environment, both classroom and clinical, that is conducive for the development of the student's skills and abilities.
- Develop and implement the program's curriculum, define course outlines, and evaluate the educational objectives.
- Provide access to and encourage utilization of the library facilities and other ancillary teaching aids.
- Develop and maintain school files and student records to aid in the evaluation of the students' progress, the curriculum, and the need for change within the program.
- Structure and organize lab, field and clinical experiences.
- Provide the students with copies of Paramedic Program policies and procedures.
- Provide the students with frequent evaluations of their progress and performance.
- Provide student counseling, guidance, and tutoring as needed/requested.
- Inspire the student to recognize and display cooperative attitudes and appreciation of the need for continued education in the field of Emergency Medical Services and personal development as a member of the community.
- Demonstrate the professional attitudes and behavior required of educators.
- Comply with the requirements of the Federal Education Rights and Privacy Act (FERPA).

19. Curriculum Policies

Program Confidentiality

Every student enrolled in the program shall maintain the confidentiality of the program. This includes, but is not limited to, confidentiality concerning administrative personnel of any clinical affiliate, clinical preceptors, Medical Director, Lead Instructor, instructors, fellow students, patients encountered during clinical rotations, and subject matter presented during the didactic or clinical sessions. Violations of program or HIPAA confidentiality may result in dismissal from the program.

Examinations/Grades

Students are required to complete all classroom, lab, and clinical goals to successfully complete the program. Students are responsible for all materials covered in the textbook, as well as lecture information.

Trimester Breakdown

- 1st Trimester
 - Module 1
 - Preparatory
 - Module 2
 - Patient Assessment
 - Module 3
 - Airway
- 2nd Trimester
 - Module 4
 - Pharmacology & Medication Administration
 - Module 5
 - Cardiology
 - Module 6
 - Medical Emergencies
- 3rd Trimester
 - Module 7
 - Special Patient Populations
 - Module 8
 - Trauma
 - Module 9
 - Operations
- Final Practical Exam

Academic Progress & Evaluation

Students are counselled/evaluated at the end of each trimester until program completion. Grades for the entire program are cumulative; all graded items are counted toward the final program grade. The minimum grade required, for cognitive, psychomotor, and affective combined, is an overall 80%. Students must complete clinical/field hours by specified due dates on the Clinical Tracker. JJC grades for EMS 215 will be entered at the end of the fall semester. Grades for EMS 216 and 218 will be entered at the end of the spring semester. Grades for EMS 217 and 219 will be entered at the completion of the program.

Student Grading

- Trimester Exams are worth 50% of overall grade.
- Module Exams are worth 20% of overall grade.
- Quizzes & Homework are worth 15% of overall grade.
- Attendance, Personal Appearance/Uniform, & Behavior/Participation is worth 15% of overall grade.
- Clinical/Field hours completed by specified due dates on Clinical Tracker
- Lab Skill/Scenario Evaluations are Pass/Fail.

Grading Scale

- 93% or Above = A
- 86% to Below 93% = B
- 80% to Below 86% = C
- Below 80% = F

Overall Grade

Students are expected to maintain an overall grade average above 80% throughout the program. Failure to maintain an overall grade average at or above 80% (at the end of each trimester), failure to complete lab skills/evaluations, and failure to complete clinical/field hours by the specified due dates will result in dismissal from the program.

Module Exams

Students are required to take Module Exams at the end of each module. The minimum passing score for any Module Exam is 80%. Failure to take the Module Exam on the dates assigned, without prior notification to the instructor, will result in a score of zero (0). The Lead Instructor will notify the student of a new test date at the discretion of the program.

Module Exam Retest

Should a student achieve less than an 80% on a Module Exam, they must retest the Module Exam within 1 week. Students will be allowed 1 retest on a Module Exam. Failure to retest a Module Exam or achieve a grade of 80% or above will result in dismissal from the program.

Trimester Exams

Students will be required to pass trimester exams at the end of each trimester. Students must achieve a minimum of 80% on the trimester exam. If the student scores below 80% on a trimester exam, they will fail the program regardless of their overall grade and be ineligible for program completion.

Major Exam Review for Validity & Reliability

Each question is tied to a chapter objective.

Questions are selected to assure critical thinking. Simple definition questions are avoided.

Questions are selected based upon long-term analysis of areas of knowledge that students struggled with (patterns over several years with quizzes, tests, and practical skill sessions).

Item analysis is completed for every major exam and shared with instructor(s), Lead Instructor, Program Director, and Medical Director. This analysis includes analysis of individual questions, the class average, and individual grades. For questions that greater than 70% answering incorrectly, the following analysis is completed:

- Is the answer to the question on the PowerPoint lecture and in the book? Highlight area for re-instruction as needed.
- Have additional instructor(s), Lead Instructor, Program Director, and Medical Director looked at the question? Obtain and apply feedback.

- Is the question clear? Reconstruct question as needed, and have additional instructor(s) (Lead Instructor, Program Director, and Medical Director) review the question before adopting the new question.

Affective Evaluation of Students

The Paramedic is a role model of exemplary professional affective domain behaviors including but not limited to:

- Integrity
- Empathy/Compassion
- Self-Motivation
- Appearance/Personal Hygiene
- Self-Confidence
- Communications
- Time Management
- Teamwork/Diplomacy
- Respect
- Patient Advocacy
- Careful Delivery of Service
- Lifelong Learner

Students will be evaluated in the affective domain during the didactic phase of their education in the following categories:

- **Attendance** (present= 5 points / unexcused absence or tardy= 0 points)
- **Professional Appearance/Uniform** (meets prescribed grooming & uniform standards= 5 points / does not meet prescribed grooming or uniform standards= 0 points)
- **Behavior/Participation** (participates in class and meets prescribed behavior & conduct standards= 5 points / does not participate in class or does not meet prescribed behavior & conduct standards= 0 points)

The students will be graded in the above categories on a per class basis. The grade will be points based and be worth 15% of their overall grade. A student will receive 5 points per category per class for successful completion. This will be an “all or nothing” assessment. A student will either receive 5 points for being successful or 0 points for being unsuccessful in each category. If the student is absent (unexcused) they will forfeit all points and shall receive 0 points in each category for the day. If the student is tardy (unexcused) they shall receive 0 points for attendance but shall be eligible to receive points in the other categories. If the student receives 0 points in any category a counselling record will be submitted into the student’s file for the reason/explanation of the lost points. These counselling record will be reviewed with the student during the scheduled counselling session at the end of each trimester.

Quizzes

Class quizzes consist of medical terminology quizzes, scheduled quizzes and pop quizzes. Quizzes may not be made up or retested. If a student is absent or unable to take a quiz, a zero grade will be given.

Homework

Homework is at the discretion of the class instructor and will be counted as a quiz grade.

Lab Teaching/Practice

Students will be instructed on each skill/simulation required/recommended by the National EMS Education Standards, The National Registry, Illinois Department of Public Health, CoAEMSP/CAAHEP, and the Paramedic Education Program. Students will practice each skill/simulation with instructors until the student demonstrates competency in the allotted/scheduled amount of time provided by the program. Student competency will be evaluated during scheduled skill/simulation evaluations and the student must demonstrate competency to continue in the program.

Lab Evaluations

Students will be evaluated as to their technique, safety, and proficiency with each skill/simulation as outlined on the skill/simulation evaluation forms. The instructor for each tested skill/simulation will complete the skill/simulation evaluation form. Skills/simulations are evaluated on a pass/fail basis with the failure criteria outlined on the form. Students who fail a skill/simulation evaluation will be given the opportunity to remediate. The Lead Instructor will schedule the remediation. After remediation, the student will be retested on the skill/simulation. If the student fails the retest they shall be dismissed from the program.

Specialty Courses

Students will be required to attend and successfully complete the below specialty certification courses. Failure to complete these courses during the program may result in the student failing the course and ineligibility to take the licensing exam.

- Advanced Cardiac Life Support, AHA
- Pediatric Advanced Life Support, AHA
- Pre-Hospital Trauma Life Support, NAEMT

Licensing Examination

Only students who successfully graduate the program will be eligible to apply for the NREMT Paramedic Licensing Cognitive & Psychomotor Exams.

Program Minimum Hours

Didactic Component	Hours
General Lecture/Lab*	541
Total Didactic Component Hours	541
* Does not include hours for exams/quizzes or lunch/breaks.	
Clinical Component	Hours
Emergency Department	176
Immediate Care Center	24
Respiratory Department	16
Cardio Diagnostics	16
PMD Time	6
Minimum Field Experience	192
Minimum Field Internship	240
Total Clinical Component Hours	670
Total Program Hours	1211

Minimum Required Clinical/Field Hours

Students are required to complete a minimum number of hours in each specified Clinical/Field rotation by the specified due dates outlined in the Clinical Tracker. Students may be required to attend additional hours to meet program competencies/goals. Failure to meet the required minimum hours, by the specified due dates in the Clinical Tracker, will result in the student's dismissal from the program.

- 1st Trimester
 - Immediate Care- 24hrs
 - Field Experience- 24hrs
- 2nd Trimester
 - Emergency Department- 120hrs
 - Cardio- Diagnostics- 16hrs
 - Respiratory- 16hrs
 - Field Experience- 168hrs
- 3rd Trimester
 - Emergency Department- 56hrs
 - PMD- 6hrs
 - Field Internship- 240hrs

Student Minimum Competency (SMC) Matrix

The program has adopted the CoAEMSP Student Minimum Competency (SMC) Matrix as a requirement for program completion. Students shall complete all SMC Matrix required competencies in order to be eligible for graduation and program completion. These minimum required competencies are approved by the Medical Director and endorsed by the program's Advisory Committee. Student's progress towards these minimum competencies will be tracked by Platinum Planner and shall be self-monitored by the student and evaluated by program faculty on a frequent basis to ensure student progress. The Student Minimum Competency Matrix (SMC) can be found on iCampus.

Clinical Experience- Hospital Setting

Clinical education represents a major component of paramedic education since this is where the student learns to synthesize cognitive and psychomotor skills. The ability to serve in the capacity of an entry-level paramedic requires experience with actual patients. This process enables the student to build a database of patient experiences that serves to help in clinical decision making and pattern recognition.

Didactic Experience- Classroom Setting

The program is currently utilizing the National EMS Education Standards as required by the Illinois Department of Public Health.

Each student is required to complete a minimum number of the hours to successfully complete the didactic portion of the program. The student must maintain an overall grade of 80% or above at the end of each trimester to successfully complete the program. The student must also pass all module & trimester exams with a minimum of 80% to successfully complete the program.

Students may be required to participate in certain community events during the duration of the program such as disaster drills or other EMS community events that will enhance knowledge and contribute to the community. These events may be required for successful completion of the program. These events

will be assigned and scheduled per the Lead Instructor.

Field Experience & Capstone Field Internship

Students will be assigned an approved ALS agency to complete the field experience & internship. Hours will be scheduled through Platinum Planner with prearranged dates and times that have been agreed upon with the agency and the Lead Instructor. Field experience & internship must be under the supervision of a licensed paramedic who meets the program requirements of being a preceptor. Chosen preceptors for each agency will be agreed upon between the agency's EMS Coordinator and the Lead Instructor.

The Lead Instructor and the individual agency have the right to refuse the student to attend field experience & internship at specific agencies. This is generally done at the agency's request.

It is understood that some students may be attending field experience & internship at approved agencies that they are employed with, but these must still be scheduled through Platinum Planner. If it is not scheduled through Platinum Planner it will not count towards the student's field experience & internship hours and goals. The student must also be the third person on the ambulance. They cannot be acting as an EMT-B but must be acting as a paramedic student of the program. If these above requirements are met, then the student can be credited while on duty.

Field Experience Phase Defined- (Team Member)-

The field experience phase is designed to prepare the student for becoming a paramedic on an ALS ambulance and to focus on individual paramedic skill sets. During the field experience phase the student shall perform and be evaluated on all skills and interventions taught in class and on how to become an effective team member. The goal is to ready the paramedic student for the Capstone Field Internship where they will be evaluated as the team leader on calls.

Capstone Field Internship Phase Defined- (Team Leader)-

The Capstone Field Internship phase is designed to evaluate the student as a team leader. This is the opportunity for the paramedic student to work as the team leader on an ALS ambulance. The paramedic preceptor will evaluate the student on effective call management, patient assessment, documentation and their ability to coordinate the treatment and transportation of their patients. The student will also be evaluated on their communication, prioritization, and delegation of duties to other crew members. During the Capstone Field Internship the student must successfully complete 20 documented team leads.

Field Experience & Capstone Field Internship affords the student the opportunity to correlate didactic knowledge with actual "hands on" clinical application. The focus should be to strengthen skills under the auspices of an ALS preceptor. The student should be encouraged to be an involved team member or team leader rather than merely an observer. This includes any daily functions or duties that are performed around the agency facility. The student should work alongside the crew and help out where needed. The student is also expected to bring study materials and to study when there is down time.

The student is expected to follow all policies, procedures, regulations, and rules that the agency may have set in place. Failure to follow these rules will result in disciplinary action taken against the student. Agencies are under no obligation to continue their hospitality if problems arise with a student rider.

Ride Time Student Objectives:

- Demonstrate the proper use of ALS vehicle and equipment.
- Observe and discuss the Paramedic's roles and functions as a pre-hospital provider.
- Participate in ALS and BLS care as a functioning team member and team leader under the auspices of a system approved paramedic preceptor.
- Observe and discuss completed telemetry runs in order to develop an understanding of the EMS field personnel's responsibility (run report completion, patient assessment, management and communications).
- Demonstrate knowledge of system SMO's, Policies and Procedures as they relate to the agency.
- Participate in the daily chores of the agency and honor any rules or expectations.

20. Evaluations & Counseling

Evaluation and counseling may occur at any time during the program as deemed necessary by the student, instructors or Lead Instructor. The Lead Instructor and instructors are available for counseling as requested. JJC has licensed counselors on staff that can be utilized by students on walk-in basis during normal hours.

21. Dress Code

A dress code will be required for all students. Adherence to the dress code is the student's responsibility. Failure to follow dress code policy will result in disciplinary action taken against the student. The dress code is there for the student's safety and professional appearance.

Personal Appearance

Students will be required to maintain proper hygiene and a neat appearance throughout the program. Students shall cover all visible tattoos. No ear gauges. No jewelry other than a simple wedding band and females may have one visible piercing per ear and must be a stud type earring (no dangling earrings). Males may not have visible piercings. No facial hair other than a trimmed mustache and males must have hair cut above the collar and females must have hair below chin length pulled back in a ponytail, unnaturally colored hair will not be allowed.

Uniform Defined

A student uniform will consist of a polo-style shirt (purchased at JJC Bookstore), navy blue t-shirt worn under polo shirt, navy blue duty pants, black duty boots, black duty belt, watch with second hand, student ID badge and a stethoscope. Uniforms shall be cleaned and pressed and the shirt shall be worn tucked into pants. Uniforms will be required during all classes, labs, clinical and field time. Failure to wear the proper uniform will result in the student not being allowed to attend clinical or classroom activities (and the student will receive an unexcused absence).

ID Badges

ID badges shall be worn by all students while attending clinical, field, and classroom activities. Failure to wear the proper Morris Hospital ID Badge will result in the student being required to leave the classroom, lab, field or clinical area and the student will receive an unexcused absence. Lost or stolen ID badges must be reported to the Lead Instructor immediately and will be replaced at the student's expense. ID badges must be returned on the last day of class after the final practical exam.

22. Smoking/Tobacco/Vaping Policy

Smoking/Tobacco/Vaping use by employees, students, volunteers, medical staff, patients and visitors anywhere on the hospital or college campus, which includes all buildings, grounds and vehicles owned or operated by the hospital or college is prohibited. This includes inside personal vehicles on hospital campus grounds. If a student wishes to Smoke/use tobacco/vape while attending class or clinical time they will need to leave hospital grounds during designated breaks. JJC allows smoking/tobacco use/vaping only inside the individual's vehicle. Smoking/Tobacco use/vaping on a non-Morris Hospital Campus is set by the policy of that institution. Students are expected to familiarize themselves with specific regulations and policies and comply accordingly. Any student that violates the smoking/tobacco/vaping use policy or any other institutions policy while performing in the capacity of a student of this program will be subject to discipline which may result in dismissal from the program.

23. Tuition

Tuition will be determined by the current JJC tuition rate and will be divided into 3 semesters as follows:

- Fall Semester EMS 215- 7.5 credits + course fees
- Spring Semester EMS 216 & 218- 12.5 credits + course fees
- Summer Semester EMS 217 & 219- 10.5 credits + course fees

No tuition refunds will be made beyond the last business day before the start of the semester.

24. Academic Assistance

Assistance may be arranged with the Lead Instructor during office hours or by special appointment. Students with a documented disability for which special arrangements or accommodations may be needed should contact the Lead Instructor at their earliest convenience to discuss how their educational needs can best be met.

JJC Student Support- <http://jjc.edu/services-for-students/pages/default.aspx>

- Disability Services: <http://jjc.edu/services-for-students/disability-services/pages/default.aspx>
 - Student Accommodations and Resources (StAR): *If you need disability-related accommodations, specialized tutoring, or assistive technology in this class, if you have emergency medical information you wish to share with me, or if you need special arrangements in case the building must be evacuated, please inform me immediately. Please see me privately after class or at my office.* New students should request accommodations and support by scheduling an appointment with the Student Accommodations and Resources (StAR) Office, Campus Center 1125, (815) 280-2230.
- Tutoring: <http://www.jjc.edu/services-for-students>
- Counseling and Advising: afinkel@jjc.edu
- Academic Resources: <http://www.jjc.edu/services-for-students/academic-resources>
- Support Programs: <http://www.jjc.edu/services-for-students/support-programs-services>
- Technology Support: <http://www.jjc.edu/services-for-students/pages/technology-support.aspx>

25. Intellectual Property

Students own and hold the copyright to original work they produce in class. It is widely accepted practice to use student work as part of the college's internal self-evaluation, assessment procedures, or

other efforts to improve teaching and learning and in promoting programs and recruiting new students. If you do not wish your work to be used in this manner, please inform the instructor.

26. Classroom & Facility Description

The Paramedic Program will be held in the dedicated EMS classroom located at JJC Main Campus: 1215 Houbolt Road, Joliet, IL 60431. This smart classroom comfortably seats 48 students, has dedicated skills rooms attached and has an apparatus bay with a dedicated ambulance adjacent.

27. Leave of Absence/Interruption in Training Policy

Because of the high-paced demand of the program, NO Leave of Absences or Interruption of Training will be granted/allowed. Students must complete the program in its entirety to receive a Certificate of Completion. If a student is dismissed or leaves the program they will not be allowed back in the current program. The student will be required to reapply for a future program.

28. Conditions for Reentrance after Unsatisfactory Progress/Conduct

Students who are dismissed because of unsatisfactory progress, conduct, grades, excessive absenteeism or due to excessive military leave/deployment will be allowed to reapply to the program during the next application period. Students who left the program because of the above reasons will not receive any previous credit for previous modules completed in the program. The student will be required to start the program over.

29. Student/Employee Records

Student/Employee records and transcripts are maintained by the Morris Hospital & Healthcare Centers Paramedic Education Program. Student records are maintained in compliance with the Family Educational Rights and Privacy Act of 1974 (FERPA) and its amendments. Records are maintained and available for 7 years. Records are available to students by calling or writing:

*Morris Hospital & Healthcare Centers
Attn: Paramedic Education Program
150 W. High Street
Morris, IL 60450
(815) 705-7180*

30. Social Media

The following are guidelines for Morris Hospital Paramedic Students who participate in social media. Social media includes but is not limited to: personal blogs and other websites, including Facebook, Instagram, Snapchat, LinkedIn, X(Twitter), YouTube or others. These guidelines apply whether students are posting to their own sites or commenting on other sites:

1. Follow all applicable program policies. For example, you must not share confidential or proprietary information about Morris Hospital, the paramedic program, or its participating agencies and you must AT ALL TIMES maintain patient privacy.
2. If you identify your affiliation as a Morris Hospital Paramedic Student, your social media activities should be consistent with Morris Hospital's high standards of professional conduct. Please note: your social media pages can and will be monitored throughout the duration of your time as a student with the Morris Hospital Paramedic Program.

3. Be professional, use good judgment and be accurate and honest in your communications; errors, omissions or unprofessional language or behavior reflect poorly on the hospital and program, and may result in disciplinary action for you. Be respectful and professional to fellow students, participating agencies, affiliates, and patients.
4. Ensure that your social media activity does not interfere with your student commitments.
5. Morris Hospital strongly discourages “friending” of patients or staff on social media websites.
6. Morris Hospital discourages staff from initiating “friend” requests with students.
7. Any violation or perceived violation will be handled on an individual basis by the Lead Instructor, Program Director, and Impacted Parties and will be subject to disciplinary procedures.

31. Advanced Placement Policy

The Morris Hospital Paramedic Program does not offer or accept any advanced placement into the program.

32. Experiential Learning Policy

The Morris Hospital Paramedic Program does not offer or accept any credit towards experience for advanced placement in the program.

33. Nurse-to-Paramedic Education Policy

Currently the Morris Hospital Paramedic Program does not offer a Nurse-to-Paramedic education option.

34. Handbook Disclaimer

It goes without saying that there may times where student issues and concerns may arise that are not covered within this handbook. For this reason the below statements will be utilized:

- This handbook may be revised by the Lead Instructor at any time for any reason. If the handbook is revised, notice shall be given to the students and faculty of the revisions made.
- If at any time an issue, situation, discrepancy, concern, or problem arises during the duration of the program and it is not addressed in this handbook, then the Lead Instructor, in consultation with JJC representatives, shall have the final authority to act on the issue, situation, discrepancy, concern, or problem utilizing their best judgment and discretion.

35. Essential Job Functions of a Paramedic (Functional Job Analysis)

A Paramedic must be a confident leader who can accept the challenge and high degree of responsibility entailed in the position. This requires excellent judgment and the ability to rapidly process information, prioritize decisions and act quickly in the best interest of the patient; must be self-disciplined, able to develop patient rapport, interview hostile patients, maintain safe distance, and recognize and use communication unique to diverse multicultural groups and ages within those groups. Must be able to function independently at optimum levels in a non-structured environment that is constantly changing. They must be lifelong learners; have knowledge with deep understanding; be complex thinkers; creative persons; active investigators; effective communicators; reflective and self-directed practitioners with the ability to meet the physical, intellectual, psychomotor and affective requirements demanded by this position. https://one.nhtsa.gov/people/injury/ems/EMT-P/disk_1%5B1%5D/Intro-C.pdf

Mandatory Skills and Abilities:

Language and communication – verbal and reasoning skills are used extensively

- Communicate effectively (verbal, nonverbal and written) with English language fluency, range, accuracy, and clarity (speak smoothly and freely without the need for extended pauses to think about the grammar, vocabulary or pronunciation needed to communicate).
- Rapidly read, understand, analyze, apply, and take action on work-related written messaging, assessments, policies, procedures, forms, publications, and regulations in a time-sensitive manner where there is no extended time or alternate accommodations for receiving, processing or deliberating on the content. This also includes accurately reading and discerning street names through signage, map or GPS reading, and correctly distinguishing house numbers or business addresses.
- Write factual, accurate, complete, and timely reports and business correspondence that includes all relevant data. This may require a detailed narrative relative to extenuating circumstances or conditions that go beyond what is required on a prescribed form or electronic template.
- Use required communication equipment to concisely and accurately describe verbally to dispatcher, supervisor and on-line-medical control (OLMC) their impression of situation and/or patient's condition.

Reasoning skills

- Understand and appropriately apply an extensive variety of complex technical and instructional materials.
- Must think critically and strive for clarity, precision, accuracy, relevance, depth, breadth and logicalness.
- Must solve problems and reach reasonable, ethical, and legally defensible conclusions from abstract variables and information which may be imperfect, ambiguous, conflicting or disjointed.
- Make accurate independent judgments and assumptions and determine a plan of care within their scope of practice and the limits set for time-sensitive patients; while following oral or written directives.

Mathematical skills

Accurately add, subtract, multiply, and divide in all units of measure (including metric) using whole numbers, common fractions and decimals; estimate patient weights in kg; convert centigrade and Fahrenheit scales, determine age from date of birth; calculate drug doses; draw up the exact amount of drug for each patient from original packaging, and administer IVF/drugs over time intervals specified by SOP/OLMC including IV drip rates.

Psychomotor skills

- Mental alertness, manual strength, physical dexterity, and hand-eye coordination sufficient to competently perform all BLS and ALS skills with safety and precision and without critical error as specified in the Program Procedure Manual
- Competently operate all EMS and communications equipment and drive an ambulance
- Accurately type assignments and enter data into and retrieve data from an electronic device using System-approved software and meeting System standards of competency

Physical demands

- Frequently: Sufficient strength, stamina, endurance, conditioning, and motor control to stand, walk, run, crawl, squat, bend, kneel, climb stairs, lift, pull, push, balance, and carry patients/EMS supplies and equipment in all environments

- Frequent talking
- (Corrected) vision to 20/30 in at least one eye with color discrimination for at least red, amber, and green, and the ability to differentiate skin colors and the color of various body fluids.
- (Amplified) hearing adequate to hear conversational speech and accurately auscultate BP, lung, bowel, and heart sounds.
- Motor coordination and ability to move over rugged, uneven terrain, up and down stairs, in and out of tight spaces and vehicles (private and EMS-related)
- Lift usual and customary EMS equipment without weight restriction and safely lift and move patients of all sizes with adequate partners from the point of patient contact to the final receiving location.
- Perform at least two minutes of uninterrupted high quality manual CPR with two-minute breaks between compression sets for at least 30 minutes.

Psychological/Social/Emotional skills

- Critical incident stress, fatigue, sleep deprivation, and cumulative stress are common within the EMS profession. The particular stresses vary depending on place and type of employment; work hours; workload/call volume; staffing levels; and nature/location of each call.
- Requires a survivor mentality, self-confidence, self-regulation; and self-compassion; strong emotional and social intelligence; tolerance and resilience to cope with stress, grief and loss, and the ability to maintain self-care while caring for others.
- Uses healthy coping strategies and effectively draws on a mental reservoir of strength that helps them appropriately respond to stress and hardship.
- Able to handle sensitive situations and keep confidential information in compliance with privacy laws, rules, and guidelines.
- Flexibility and adaptability to meet the demands of a VUCA world (volatile, uncertain, complex, and ambiguous).
- Intellectual humility; integrity; fair mindedness; courage; empathy; autonomy; optimism (confidence in reason); and perseverance

Work environment

Considerable health and physical strength is necessary to perform the duties of a paramedic. Though safety measures are implemented whenever possible and a culture of safety is embraced, there remain numerous unavoidable aspects of a paramedic's job that may place the individual at risk of personal illness or injury.

These include, but are not limited to:

- Driving an emergency vehicle safely with and without using lights and sirens
- Exposure to hostile or combative patients and other individuals
- Response to violent scenes
- Response to incidents involving chemical, radiological, biologic, and explosive hazards.
- Exposure to communicable diseases
- Danger from moving traffic at highway/roadway incidents.
- Exposure to contaminated sharps and medical waste
- Performance of certain high-risk procedures in the delivery of patient care
- Noise level is moderate to high.
- Temperatures vary from extreme cold to extreme heat.
- Moisture level will vary from extremely dry to rain, snow and ice, and may require immersion in water.

Abbreviations:

ALS: Advanced Life Support | BLS: Basic Life Support

BP: Blood pressure

CPR: Cardiopulmonary resuscitation

IVF: Intravenous fluids

OLMC: On-line medical control

SOP: Standard Operating Procedures

36. Transfer of Credit Policy

The Morris Hospital Paramedic Program does not offer or accept any transfer credit.

37. Desired Outcome of the Morris Hospital Paramedic Program

The overarching goal of the Morris Hospital Paramedic Program is to prepare individuals to become highly skilled, compassionate, and competent paramedics who can provide exceptional prehospital care to patients in diverse and challenging situations. The desired outcome of the program encompasses several key elements:

1. Clinical Competence:

Paramedic graduates should demonstrate a high level of clinical competence, including advanced assessment skills, the ability to initiate and manage complex interventions, and proficiency in administering medications and treatments.

2. Critical Thinking and Decision-Making:

Graduates should possess strong critical thinking abilities, enabling them to assess situations quickly, prioritize care, and make informed, evidence-based decisions under pressure.

3. Effective Communication:

Paramedics should excel in communication skills, fostering effective and empathetic interactions with patients, families, and healthcare colleagues.

4. Professionalism and Ethical Conduct:

Graduates should exhibit professionalism, ethical behavior, and a commitment to upholding the highest standards of patient care and confidentiality.

5. Cultural Competence:

Paramedics should be culturally competent, respecting and understanding the diverse backgrounds, beliefs, and values of the populations they serve.

6. Leadership and Teamwork:

Graduates should be capable of assuming leadership roles during emergency responses and collaborating seamlessly with other healthcare providers, first responders, and agencies.

7. Safety and Infection Control:

Paramedics should prioritize patient and provider safety, adhering to infection control protocols and safety standards.

8. Adherence to Protocols and Guidelines:

Graduates should consistently follow established prehospital care protocols and guidelines while recognizing when to deviate based on patient needs and unique circumstances.

9. Continuous Learning and Professional Development:

Paramedics should embrace a commitment to lifelong learning, seeking opportunities for professional growth and staying current with advancements in prehospital medicine.

10. Patient-Centered Care:

Graduates should consistently provide patient-centered care, advocating for patients' rights, preferences, and needs while ensuring informed decision-making.

11. Adaptability and Resilience:

Paramedics should adapt to changing conditions and demonstrate resilience in the face of adversity, managing stress and maintaining composure during high-pressure situations.

12. Documentation and Reporting:

Graduates should maintain accurate and comprehensive patient care documentation, facilitating seamless continuity of care between prehospital and hospital settings.

13. Public Health and Community Engagement:

Paramedics should be engaged in public health initiatives and community outreach, contributing to the well-being of the communities they serve.

14. Patient Outcomes and Safety:

The ultimate desired outcome of a paramedic program is the improvement of patient outcomes and safety. Paramedics should strive to make a positive impact on patient lives by delivering effective and efficient prehospital care.

15. Certification and Licensure:

Graduates should meet the requirements for paramedic certification and licensure in their region, ensuring legal and regulatory compliance.

16. Employment and Career Opportunities:

Paramedic programs aim to prepare graduates for successful careers in prehospital medicine, providing them with the knowledge and skills needed to secure employment and excel in the field.

17. Contribution to the EMS Profession:

Paramedic graduates should contribute positively to the reputation and advancement of the EMS profession, serving as ambassadors for prehospital care.

In summary, the desired outcome of the Morris Hospital Paramedic Program is to produce well-rounded paramedics who possess the knowledge, skills, and attributes necessary to deliver exceptional prehospital care, improve patient outcomes, and make meaningful contributions to the healthcare system and their communities. Achieving this outcome requires a commitment to rigorous education, hands-on training,

and a dedication to the principles and values of the paramedic profession.

38. How to Be a Critical Thinking Paramedic

Critical thinking is a vital skill for paramedics as it enables them to make informed, timely decisions in high-pressure situations. It involves a combination of knowledge, experience, and problem-solving abilities. Here's a guide on how to be a critical thinking paramedic:

- 1. Develop a Strong Knowledge Base:**
 - a. Stay up-to-date with the latest medical research, protocols, and guidelines.
 - b. Continuously expand your medical knowledge and understanding of anatomy, physiology, and pharmacology.
- 2. Understand Protocols and Guidelines:**
 - a. Familiarize yourself with the protocols and guidelines of your EMS agency and region.
 - b. Know when and how to deviate from protocols when necessary based on the patient's unique needs.
- 3. Master Assessment Skills:**
 - a. Hone your assessment skills to gather comprehensive and accurate patient information.
 - b. Practice the primary and secondary assessment processes regularly.
- 4. Practice Scenario-Based Learning:**
 - a. Participate in scenario-based training to simulate real-life emergencies and practice decision-making.
 - b. Focus on prioritizing care and adapting to changing situations.
- 5. Encourage Self-Reflection:**
 - a. Reflect on your past patient encounters and assess your performance.
 - b. Identify areas where you made effective decisions and areas where improvement is needed.
- 6. Seek Feedback:**
 - a. Actively seek feedback from experienced paramedics, preceptors, and medical directors.
 - b. Be open to constructive criticism to improve your decision-making skills.
- 7. Collaborate with a Multidisciplinary Team:**
 - a. Work closely with other healthcare providers, first responders, and hospital staff.
 - b. Engage in open communication to gather additional information and perspectives.
- 8. Utilize Critical Thinking Models:**
 - a. Use critical thinking models like the nursing process or the SOAP (Subjective, Objective, Assessment, Plan) framework to structure your decision-making.
 - b. Break down complex situations into manageable steps.
- 9. Prioritize Patient Safety:**
 - a. Always prioritize patient safety in your decision-making process.
 - b. Consider the risks and benefits of interventions before taking action.
- 10. Assess Risk vs. Benefit:**
 - a. Evaluate the potential risks and benefits of each intervention or treatment plan.
 - b. Make decisions that offer the greatest benefit with the least risk.
- 11. Think Ahead:**

- a. Anticipate potential complications and plan accordingly.
 - b. Consider the potential outcomes of your decisions and have contingency plans.
- 12. Recognize Cognitive Biases:**
- a. Be aware of cognitive biases such as confirmation bias and anchoring bias that may influence your decision-making.
 - b. Take steps to mitigate these biases by seeking alternative perspectives.
- 13. Continuous Training and Education:**
- a. Participate in ongoing training, workshops, and continuing education opportunities.
 - b. Stay current with developments in the field of emergency medicine.
- 14. Stay Calm Under Pressure:**
- a. Practice stress management techniques to maintain composure in high-stress situations.
 - b. Take a moment to breathe and collect your thoughts before making critical decisions.
- 15. Document Thoroughly:**
- a. Maintain accurate and comprehensive patient care documentation.
 - b. Document your clinical reasoning and decision-making process.
- 16. Learn from Mistakes:**
- a. Accept that mistakes can happen and view them as opportunities for learning and improvement.
 - b. Discuss errors or near misses with colleagues to prevent future occurrences.
- 17. Be Ethical and Patient-Centered:**
- a. Always consider the ethical implications of your decisions.
 - b. Keep the patient's best interests at the forefront of your decision-making.
- 18. Trust Your Intuition:**
- a. Trust your gut instincts, especially when faced with time-sensitive situations.
 - b. Intuition is often the result of experience and pattern recognition.
- 19. Review and Critique Cases:**
- a. Regularly review and critique your patient cases with peers and mentors.
 - b. Discuss alternative approaches and learn from shared experiences.
- 20. Cultivate Resilience:**
- a. Build resilience to cope with the emotional and psychological challenges of the job.
 - b. Seek support and counseling when needed to maintain mental well-being.

Becoming a critical thinking paramedic is an ongoing journey that combines knowledge, experience, and self-reflection. By continuously honing your skills and fostering a mindset of inquiry and adaptability, you'll be better prepared to provide exceptional care and make sound decisions in the complex world of prehospital medicine.