



RANDOM SOUND

P A R A M E D I C I N E

STUDENT POLICY MANUAL

Revised November 2021

Random Sound Paramedicine

Student Policy Manual

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Section 1: General

Policy No:	1-1 PCP Program Information /Student Services		
Effective Date: June, 2019	Approved by: Director		
Review/Revision Date: November 2021			

Introduction

Random Sound Paramedicine is licensed as a Private Training Institution under the Private Training Institutions Act and Regulations and registered by the Department of Education. The Primary Care Paramedic (PCP) Program is an approved training program. The PCP Program start dates and deadlines for application will be posted annually and available on the school’s website. The school also provides training in other short courses related to the field. (I.e. First Aid, CPR, Continuing Education etc.)

School Contact Information

Random Sound Paramedicine
 5 Butler Crescent
 Clarendville, NL
 A5A4E4
 Ph #709-466-7633
 Fax # 709-466-1065
 Website: www.randomsoundparamedicine.com
 Email address: info@randomsoundparamedicine.com

The School is open Monday –Friday830am-430pm.
After hours and weekend access for students may be arranged on request.
The school calendar with approved statutory days will be posted annually and available on our website.

Program Goals and Focus

The goal of the Primary Care Paramedic (PCP) Program is to develop Paramedics who possess sound knowledge and skills, a high level of commitment to excellence in all that they do, and a deep sense of professionalism and caring. The program aims to meet the competency requirements set by Provincial Medical Oversight (PMO), which is the regulator for PCPs in the province of Newfoundland and Labrador, as well as the National Occupational Competency Profile (NOCP), as established by the Paramedic Association of Canada, for Primary Care Paramedics. Graduates will not only be an asset to the profession of Paramedicine, but to their communities as well.

The program is designed to provide: 1) acquisition of concepts and theories, 2) the mastery of professional skills, and 3) the attainment of a professional attitude.

One of the key objectives of the program is to instill a commitment to lifelong learning. Because the medical field is continually changing and evolving, an emphasis is placed on the development of self-directed learning skills. In addition to supporting the development of self-directed learning techniques, faculty serves as both academic advisors and facilitators.

The responsibilities of Paramedics have increased dramatically over the years. Consequently, it is no longer acceptable to simply accumulate a set amount of knowledge and skills. Today's students must be inquisitive and dedicated to continuously expanding their expertise and abilities. Such ongoing professional development helps to ensure a lifetime of challenge and enrichment.

Student Services

The School provides a classroom, meeting room and conference room/ study room space. Any individual student or group use of the space must be coordinated with the Lead Instructor and /or Administrative Assistant.

A lunchroom is provided on site for students and staff. Students are responsible for bringing their own meals and supplies.

Lockers are provided free of charge at the School and may vary at the Clinical and Hospital-based sites.

Parking at the school location is provided free of charge. Parking at clinical or hospital sites may be limited and may require a fee.

Students may form a Student Council to provide an opportunity for formal liaison with Instructional and management staff or designate a class representative.

Students seeking academic, financial and /or employment advice should contact the Lead Instructor or Program Coordinator who will provide further information on services available. Further information and available services can be accessed on The Random Sound Paramedicine website: www.randomsoundparamedicine.com. Or email: info@randomsoundparamedicine.com

Policy No:	1-2 Cell Phone Use /Access to Internet
Effective Date: June, 2019	Approved by: Director
Review/Revision Date: November 2021	

POLICY

Cell Phones /I Pads

Cell phone use is not permitted during class and/or clinical hours. Should an emergency arise students may discuss cell phone use with their instructor/preceptor.

I Pads are only to be used as per the instructor's request or direction otherwise they are not permitted during class and/or clinical hours

Access to Internet

Internet usage at Random Sound Paramedicine is provided to the student for study and learning purposes only. Internet access will be provided to students in classroom and lab areas. Internet access will be only for program /clinical related use. Upon prior approval, internet services will be provided to students in the lab after classroom hours.

Examples of appropriate usage include, but are not limited to the following:

1. Communicating with fellow students, instructors and other medical personnel.
2. Researching topics that are relevant to your course.
3. Accessing CompTracker, our competency tracking software.

Under no circumstances are students permitted to use the Internet to access, download, or contribute to the following:

1. Gross, indecent, or sexually oriented materials
2. Illegal drug-oriented sites
3. Gambling sites

Policy No:	1-3 Safety
Effective Date: June, 2019	Approved by: Director
Review/Revision Date: November 2021	

POLICY

Students and staff attending programs at Random Sound Paramedicine will be committed to safety throughout the duration of the program, including classroom, simulation, hospital and ambulance training.

Safety equipment is to be used where the nature of the work or the environment may create a safety hazard to the participants.

Random Sound Paramedicine Instructors are responsible for adequately instructing and training all students under their direction for the purpose of ensuring that safe work methods and practices are understood and adhered to.

CLASS & SIMULATION SETTINGS

1. All students will be provided with the Safety/Emergency Procedures Manual during the “Student Orientation Session”.
2. Students will be provided with 1 day to review the content of the Emergency Preparedness Manual.
3. All students are required to review the Safety/Emergency Procedures Manual prior to signing the “Student Contract”.

HOSPITAL/CLINICAL & AMBULANCE SETTINGS

1. As per contracts with all Hospital/Clinical and Ambulance settings, students, through their preceptors, will make themselves aware of and follow the safety procedures in the Clinical & Ambulance settings.
2. For the ambulance setting, students will be provided with a safety kit that includes:
 - 1 hard hat
 - 1 pair of work gloves
 - 1 safety vest
 - 1 pair safety glasses

The cost of the kit will be included with the student fees and will be payable at the beginning of the first semester

Policy No:	1-4 Record Keeping
Effective Date: June, 2019	Approved by: Director
Revision Date: November 2021	Review Date:

POLICY

Accurate and detailed records are to be kept for each student participating in programs at Random Sound Paramedicine. All student files and records maintained are regarded as “Confidential” and shall only be accessed by authorized individuals. Complete academic records will be retained by Random Sound Paramedicine for 2 years. All other records that compose the student file will be stored on site in hard copy.

PROCEDURE

1. The following records shall be kept for each Paramedicine student.
 - Completed Application for admission
 - Application/Enrollment checklist
 - Signed Student Program and Tuition Contract and any addendums made to contract
 - Completed Medical Form
 - Completed Immunization Records
 - Disability Medical Questionnaire, if applicable
 - Transcripts from High School or other post-secondary educational institution.
 -
 - Drivers Abstract
 - Criminal Record with Vulnerable Sections Check
 - Two Reference Forms
 - Paramedic Physical Abilities Test Results
 - Other certificates of continuing education/short courses
 - Student Admissions Committee- Overall Rating Summary Form
 - Attendance records
 - All written evaluations. These documents will include the student’s alphabetical answer, overall mark and class average. Evaluation questions and answer keys do not comprise part of the individual student’s file. Written evaluations would include:
 - Quizzes
 - Projects
 - Tests
 - Final Medical and Trauma Practical Scenario test
 - Simulation Skill and Scenario Forms (Stored on CompTracker only)

- Clinical Preceptorship Forms (Stored on CompTracker only)
- Practicum Preceptorship Forms (Stored on CompTracker only)
- Student Learning Contracts, if applicable
- Confidentiality Agreement
- Textbook Purchase Agreement
- Uniform Purchase Agreement
- Clinical Preceptorship Placement Documentation
- Consent to Release Information (Drivers Abstract and Class 4 DL)
- Class 4 Driver's License
- Student or Graduate Consent to Obtain Provincial Exam Marks from Regulator
- A signed copy of Final Official Course transcript bearing the seal of the institution.
- A signed copy of Course diploma bearing the seal of the institution
- Copy of T-2202A Student Financial
- Copy of Contract Termination Report (PTI-4.)
- A student can make a request to review their record in the presence of the Lead Instructor. Any student wishing to make a change to the information on their file must make the request in writing to the Lead Instructor who in turn will consult with the Program Coordinator as to the appropriate actions to be taken.

The student can obtain a photocopy of their record by making a written request to the Lead Instructor /Program Coordinator. The student will be provided with a photocopy of their record within 2 business days. The student will be required to pay a photocopy fee. When necessary, student files may be made available to the Department of Education at their written request. Random Sound Paramedicine will retain the student's complete academic record electronically for 2 years. All other records that compose the student file will be retained on site in hardcopy for 50 years after a student has completed or ceases their course of instruction.

If Random Sound Paramedicine ceases to operate or has its registration cancelled, the student's records will be transferred to the Department of Education within 14 days of closure.

Policy No:	1-5 Class Cancellation
Effective Date: June, 2019	Approved by: Director
Revision Date: November 2021	Review Date:

POLICY

The intent of this policy is to provide guidance on how to manage the safety of students, faculty, and administrative staff while ensuring the effective operation of the institution during severe/hazardous weather.

Random Sound Paramedicine defines severe/hazardous weather conditions as any weather condition that may endanger students, faculty and administrative staff, while enroute to their class or workplace.

Criteria for closing or delay of opening:

The Program Coordinator and/or Lead Instructor will decide if severe/hazardous weather conditions exist and warrant a delay in opening or a closure. This decision will be based on the following:

- Conditions of local roadways and the ability of the municipal and provincial government services to keep roads passable.
- Weather forecasts for the next 12 hrs. (according to local Weather Services)
- Town and provincial restrictions.
- Availability of local transportation services

Procedure

- 1) If a storm occurs late at night or early in the morning, the decision to close or delay opening will be announced by approximately 6:30 am.
- 2) Dramatic changes in weather patterns will, occasionally, require that the decision is made at an earlier or later time.
- 3) Lead instructor to contact the Program Coordinator for direction/deciding on closure or delay of opening by no later than 6 am, so a decision may be made by 6:30 am.
- 4) If a decision is made to close or delay opening, the Lead instructor will ensure they post a message on the School Website. A message will also be sent to the local radio station.

Policy No:	1-6 Dress Code
Effective Date: June, 2019	Approved by: Director
Revision Date: November 2021	Review Date:

POLICY

Students will be required to wear the assigned uniform during classroom time, clinical and ambulance practicum. Any exceptions to this policy must be approved by the Lead Instructor / Program Coordinator.

Uniforms and protective clothing will be provided at the student cost and included with the other fees payable at the beginning of the first semester.

Student's uniforms will consist of:

- White Button-Down EMS Shirt
- EMS Pants
- School Crests
- Student Epaulets
- School jacket
- Black, over the ankle, CSA approved steel toe boots.

Student's classroom uniform will consist of:

Random Sound Paramedicine Polo Shirt

Black or Navy pants

Covered toe shoes

Students will also be expected to wear personal protective equipment (PPE) during field clinical. This will include reflector vests, safety glasses, gloves, and a hard hat.

Any clothing outside of these guidelines is not permitted. Students must keep their uniforms clean and tidy.

Students must keep hair/facial hair groomed and clean cut.

If aviolation of the dress code is observed students will be asked to leave and return when dressing appropriately.

Policy No:	1-7 Care of Equipment
Effective Date: June, 2019	Approved by: Director
Review/Revision Date: November 2021	

POLICY

Care of Equipment

- Students will be required to keep their work stations clean and tidy.
- Instructor with the help of students will be responsible for disinfecting and storing equipment after each use.
- Students must be sure to handle all equipment with care.
- Students will be required to keep cafeteria and common area clean and tidy .
- No horseplay, smoking or vandalism on school property or during school hours (including clinical).

Lost or Damaged Equipment

- Any lost or damaged equipment must be reported directly to the instructor.
- The student must complete an incident report form and submit to the instructor.

Policy No:	1-8 Respectful School/ Workplace
Effective Date: June, 2019	Approved by: Director
Revision Date: November 2021	Review Date:

POLICY

Random Sound Paramedicine is committed to providing a respectful and safe organizational environment and does not condone discrimination. This will be accomplished by following our values of practicing teamwork, fairness, equity, integrity, respect, loyalty, tolerance, quality and balance of life

The institution is committed to creating and maintaining a school I/workplace that recognizes and respects the rights, needs and expectations of people as individuals. The institution welcomes diversity and conducts its affairs with integrity in a fair, open and ethical manner. In doing so, it fulfills its responsibilities as an educational institution and discharges its legal obligations under the appropriate Provincial Legislation, as well as the *Canadian Human Rights Act*.

Respect in the educational environment and workplace requires that the institution welcome and accommodate diversity. It is characterized by sensitivity and responsiveness to the needs of students, employees, volunteers and the public as individuals in a proactive and positive manner. It requires that individuals be treated with honesty, integrity and recognition for their contributions in order that they may feel valued and respected. Respect in the workplace is a higher standard than the legal obligation to ensure that the institution has in place policies, procedures and training programs relating to discrimination.

This policy promotes the characteristics of a respectful workplace. Everyone will ensure all dealings with students, potential students, fellow staff members, volunteers and other instructors are honest, above reproach, fair and just to all parties.

The goal of this policy is to promote a respectful, safe and productive work environment that meets the legal obligations of Random Sound Paramedicine as an educational institution and employer; and reflects its commitment to promoting an educational and work environment of trust, confidence and respect.

Discrimination is treating an individual or members of a particular group differently (by intention or otherwise) based on one or more of the protected characteristics (perceived or actual) in the applicable provincial legislation, which results in a disadvantage to that person or individuals.

Policy No:	1-9 No Smoking Policy
Effective Date: June, 2019	Approved by: Director
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POLICY

Random Sound Paramedicine does not permit smoking of any kind on our premises. There will be no smoking of cigarettes, cigars, e-cigarettes or vaping on Random Sound Paramedicine property or at any clinical or practicum sites.

The Government of Newfoundland and Labrador was one of the first five Canadian Provinces to institute a public ban on smoking in the 2005 Smoke Free Environment Act. This Act prohibits smoking in workplaces, public buildings, etc.

The safety of our students, staff, preceptors, visitors and the public is of paramount importance to Random Sound Paramedicine. A smoke free environment promotes a cleaner, healthier, safer place for all staff and students.

A breach or violation of this No Smoking Policy will result in disciplinary matter and possible dismissal.

Policy No:	1-10 Alcohol, Cannabis & Substance Abuse Policy	
Effective Date: June, 2019	Approved by: Director	
Revision Date: November 2021	Review Date:	

Alcohol, Cannabis & Substance Abuse Policy

1.0 Intent

Random Sound Paramedicine is dedicated to the health and safety of its students and is committed to providing the highest standard of care to the public. Random Sound Paramedicine recognizes that drug or alcohol use can impact the performance of the students' duties, which are safety sensitive and may result in serious injury, harm or death to the student, co-workers or the public.

It is imperative that all students enrolled in any phase of the learning environment (classroom, clinical and practicum) are deemed to be fit for duty

2.0 Policy Statement

The possession, sale, distribution or use of alcohol, cannabis, illicit drugs, illegally obtained prescription drugs, recreational drugs, or other controlled substances in the working and learning environment is not permitted unless otherwise identified and allowed under this Policy.

Students will abstain from any substance prior to or during educational activities that could impair their fitness for duty.

Students using either prescribed or over the counter medication(s) must investigate (through their doctor or pharmacist) whether the medications(s) can affect the safe performance of the students' duties generally. This applies to students who have been provided authorization by a physician to use cannabis. (Appendix A – Prescription Drugs)

In the event that the medication(s) have the potential to have the affect fitness for duty the student must disclose any work restrictions and obtain written medical clearance from his or her physician, such clearance to be provided to Program Coordinator to continue with educational related activities while on the medications(s)

Should a student supervisor have reasonable suspicion of impairment they are required to contact the Program Coordinator. When the Student Supervisor is not a Random Sound Paramedicine employee (such as a preceptor) the Student Supervisor will, as soon as possible, report the incident to the Program Coordinator. In either case the student should be removed from the learning environment immediately. After reporting the situation to their supervisor/Student Supervisor the student should be approached to see if they need assistance leaving the learning environment. Every effort will be made to ensure the impaired individual does not drive and is provided with a safe alternative to reach their destination. When the Student Supervisor is not a Random Sound Paramedicine employee, the Program Coordinator will assume the responsibility for ensuring a safe alternative for transportation.

Appendix B (Reasonable Suspicion Checklist) provides a list of criteria that can be used when attempting to determine if someone is impaired. The list provided is not exhaustive but is intended to provide guidance for supervisors (employee and student) when faced with a suspected impairment.

Reasonable suspicion will be based on direct observations concerning the appearance, behaviour, speech or body odors of the employee. The observations may include indications of the acute, chronic and withdrawal effects of drugs and/or alcohol use.

3.0 Failure to Comply with Policy

Any individual failing to adhere to this Regulation will be subject to discipline up to and including dismissal.

4.0 Definitions

Alcohol: the intoxicating agent in beverage alcohol, ethyl alcohol, or other low molecular weight alcohols, including methyl and isopropyl alcohol.

Cannabis: a substance from the cannabis plant used medically or recreationally. Tetrahydrocannabinol, or THC, is the chemical compound in cannabis responsible for its potentially impairing effects. Delivery methods of cannabis include but are not limited to pipes, rolling papers, bong, hookah, vaporizers, one-time use devices, extracts, oils, or edibles.

Fit for duty: implies the individual is in a state—physical, mental and emotional—which enables the individual to perform assigned tasks competently and in a manner which does not compromise or threaten the safety or health of themselves or others

Illegal Drugs: any drug, substance, chemical or agent which is not legally obtainable and the use, sale possession, transfer or purchase of which is restricted or prohibited by law.

Legal Drugs: any drug, substance, chemical or agent which requires a personal prescription or authorization from a licensed treating physician any non-prescription medication lawfully sold in Canada.

Reasonable Suspicion: Concerns about an individual's ability to perform job safely based on specific contemporaneous, articulable observations of employee conduct, behaviour, and appearance or body odours.

Student Supervisor shall mean the HealthEd employee/designate who is supervising the student at that time. Student Supervisor includes, but is not exclusive to, instructor, lab instructor or preceptor.

5.0 Confidentiality

Confidentiality will be maintained except where limited disclosure is necessary for related safety, health and performance concerns (e.g. there is deemed to be a potential for risk to self, others or the Company or other necessary reason). That is, only the information strictly limited to the level of functionality of a worker (e.g. fitness for work and any restrictions that may apply, and performance concerns) may be shared with management for purposes of determining fitness for work, appropriate work accommodation, dealing with performance issues and/or return to work initiatives. However, confidentiality cannot be maintained if disclosure is ordered by a court, arbitrator or other administrative tribunal.

***This policy is subject to ongoing review and evaluation, and modifications will be made as deemed necessary to respond to current circumstances and evolving needs.**

6.0 Appendices

Appendix A – Prescription Drugs

Appendix C - Observed Behavior – Reasonable Suspicion Report

Appendix A – Prescription Drugs, Authorized Cannabis and Over the Counter (OTCs) Medications

The following drug categories have been associated with performance impairment and are provided as a guideline to employees in assessing their own situation. The list is not exhaustive. Therefore, employees are expected to consult with a qualified health professional or a pharmacist to determine if use of the medication will have any potential negative impact on job performance.

1. Cannabis – if authorized by physician, used to treat chronic pain, Antiemetics, sleep disorders, multiple sclerosis spasticity. Effects may include impacts to: concentration, ability to think and make decisions, and reaction time and coordination. It can also increase anxiety and cause panic attacks, and in some cases cause paranoia and hallucinations.
2. Antihistamines – are widely prescribed for hay fever and other allergies (e.g. Allegra, Dimetane). They are also found in many cold medications. These medications may cause drowsiness.
3. Motion Sickness Drugs – are used to prevent motion sickness and nausea (e.g. Gravol, Antivert). Side effects may include drowsiness.
4. Barbiturates, Sedatives, Hypnotics, Tranquilizers, and Antidepressants – are used to treat sleep disorders and depression (e.g. Ativan, Imovane, and Paxil). Potential side effects may include mild sedation, hypnotic state, dizziness or drowsiness.
5. Narcotics – (e.g. Demerol, Codeine). Codeine is often found in combination drugs such as 222s or 292s or Tylenol 1,2,3s. Drowsiness, dizziness, and light-headedness may be side effects.
6. Stimulants – Medication used for central nervous system stimulation and for appetite suppression can produce sensations of well-being which may have an adverse effect on judgment, mood and behaviour (e.g. amphetamines or medications sold as “diet pills”).
7. Anticonvulsants – are used to control epileptic seizures and can cause drowsiness in some patients (e.g. Dilantin).
8. Muscle Relaxants – are used to treat musculoskeletal pain (e.g. Flexeril, Robaxinal). Most common side effects are sedation and drowsiness.
9. Cold Tablets/Cough mixtures – in particular nighttime remedies can cause drowsiness (e.g. Sinutab, Contac, Triaminic, Tussionex and preparations containing dextromethorphan (DM) or codeine).

Appendix B

Reasonable Suspicion Report

Students Name	Date Observed
Location of Incident: (street, city)	Time Observed From _____ am/pm To _____ am/pm
Observed by:	Position:

Record students observed behaviour for reasonable suspicion for the use of drugs/alcohol.

Reasonable Suspicion determined for: Alcohol Drugs

Mark items that apply and describe specifics

Walking/Balance:

- | | | | |
|---|--|---------------------------------------|--|
| <input type="checkbox"/> stumbling | <input type="checkbox"/> staggering | <input type="checkbox"/> falling | <input type="checkbox"/> unable to stand |
| <input type="checkbox"/> swaying | <input type="checkbox"/> unsteady | <input type="checkbox"/> holding on | <input type="checkbox"/> rigid |
| <input type="checkbox"/> sagging at knees | <input type="checkbox"/> feet wide apart | <input type="checkbox"/> not observed | |
| <input type="checkbox"/> other | | | |
-

Speech:

- | | | | |
|-----------------------------------|-------------------------------------|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> shouting | <input type="checkbox"/> whispering | <input type="checkbox"/> slow | <input type="checkbox"/> rambling |
| <input type="checkbox"/> slurred | <input type="checkbox"/> slobbering | <input type="checkbox"/> incoherent | <input type="checkbox"/> not observed |
| <input type="checkbox"/> other | | | |
-

Actions:

- | | | | |
|---|------------------------------------|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> resisting communications | <input type="checkbox"/> insulting | <input type="checkbox"/> hostile | <input type="checkbox"/> drowsy |
| <input type="checkbox"/> fighting/insubordinate | <input type="checkbox"/> profanity | <input type="checkbox"/> belligerent | <input type="checkbox"/> erratic |
| <input type="checkbox"/> hyperactive | <input type="checkbox"/> crying | <input type="checkbox"/> indifferent | <input type="checkbox"/> not observed |
| <input type="checkbox"/> other | | | |
-

Eyes:

- | | | | |
|------------------------------------|----------------------------------|---|---------------------------------------|
| <input type="checkbox"/> bloodshot | <input type="checkbox"/> watery | <input type="checkbox"/> dilated | <input type="checkbox"/> glassy |
| <input type="checkbox"/> droopy | <input type="checkbox"/> crossed | <input type="checkbox"/> wearing sunglasses | <input type="checkbox"/> not observed |
| <input type="checkbox"/> other | | | |
-

Face:

- | | | | |
|----------------------------------|-------------------------------|---------------------------------|---------------------------------------|
| <input type="checkbox"/> flushed | <input type="checkbox"/> pale | <input type="checkbox"/> sweaty | <input type="checkbox"/> not observed |
| <input type="checkbox"/> other | | | |
-

Appearance/clothing:

- dishelved messy dirty partially dressed
 having odor stains on clothing not observed
 other
-

Breath:

- alcoholic odour faint alcohol odour no alcohol odour cannabis odour
 not observed
 other
-

Movements:

- fumbling jerky slow nervous
 hyperactive not observed
 other
-

Eating/Chewing

- gum candy mints tobacco
 other not observed
-

Other observations:

Did the student/employee admit to using drugs or alcohol? Yes No

If yes, when? _____ what substance?

How much? _____ taken

where? _____

Other comments:

Witnessed by:

Signature	Print Name	Title	Date	Time

Copy retained in separate confidential file.

Section 2: Admissions

Policy No:	2-1 Application Process – Primary Care Paramedic (PCP) Program		
Effective Date: June, 2019	Approved by: Director		
Review/Revision Date: November 2021			

POLICY

Each student who wishes to participate in the program is responsible for submitting a completed application form. Proof of all pre-requisite/entrance requirements and documentation must be included where possible with the application. All information/documentation must be submitted prior to final acceptance.

Application forms for the program are available via the website: randomsoundparamedicine.com or included in the application package.

The student will be required to pay a non-refundable application fee of \$100.00 (This fee is subject to change))

PROCEDURE

Generally, the Program Coordinator/staff will direct an applicant to the Random Sound Paramedicine website where the applicant may begin the online application process.

The student may also request to have an application package mailed to the applicant.

A mailed application package will consist of the following:

- Application package cover letter
- Student Information Book
- Immunization Record
- Two Reference Forms
- Medical Form

Policy No:	2-2 Re-Application Process
Effective Date: June, 2019	Approved by: Director
Review/Revision Date: November 2021	

POLICY

This policy applies to any applicant who is not accepted into a program offered by Random Sound Paramedicine and/or a student who does not successfully complete the program offered at Random Sound Paramedicine.

A student who wishes to reapply is responsible for submitting a newly completed application form. Proof of all pre-requisite documentation must also be provided.

The application must include:

A new Application Form

A new Drivers Abstract

A new Criminal Record Check including a Vulnerable Sector Check

First aid and CPR certificates for HCP

Application fee (non- refundable)

Policy No:	2-3 Entrance Requirements
Effective Date: June, 2019	Approved by: Director
Review/Revision Date: November 2021	

POLICY

To apply for the Primary Care Paramedic Program, an applicant must meet the following requirements and submit the required documentation.

- Graduation from High School
 - Successful completion of Math at the grade 11 or 12 level and
 - one science either Biology 2201 or 3201 or Chemistry 2202 or 3202 (recommend two),
 - Or application as a mature student (see mature student requirements).
- Applicant must submit an official copy of high school transcript verifying completion of required courses.
- Completion of the Medical Assessment Form by a qualified physician. (The Medical Form is provided in the Application package)
- All immunizations as verified by a completed Immunization Record. (As provided in Application Package)
- A class 5 Drivers license (or successful completion by admission date of the program)
- Be eligible for a Class 4 Drivers license by Program start date.
- A current copy of Drivers Abstract. Drivers Abstract must be free and clear of all convictions and/ or acceptable to the Student Admissions Committee.
- A Criminal Record Check including a vulnerable sector check. The record must be free and clear of all convictions. (A copy of the criminal record check must be supplied by the applicant. It can be obtained from the RCMP or any local police detachment.)
- Current certificate in Standard First Aid and CPR at Health Care Provider level
- Completed Reference forms from **two** work or school-related referees. (The reference form is included in Application Package).
- Submit application fee.

Other Criteria

Students accepted into the program will be required to complete clinical and ambulance practicum and must be willing and able to travel and/or reside in other locations in Newfoundland and Labrador as determined and assigned by Random Sound Paramedicine. Students may submit requests for preferred locations for practicum however Random Sound Paramedicine reserves the right to assign students and will not guarantee that placement will meet student's choice.

Students will be required to complete a Physical Fit Test prior to participation in the Ambulance Practicum in the third semester. Please note that successful completion of the Physical Fit test is **not** mandatory. If the student is unsuccessful then additional testing will be at the student expense. In preparation for the Physical Fit test students are encouraged to do physical training on their own time. Students will participate in a mandatory Physical Training program as part of the course requirements.

Mature Student Requirements

If an applicant does not meet the basic education admission requirements, the applicant may be admitted into the program as a mature student as per the following conditions:

- The applicant is at least 19 years of age and has been out of school for a minimum of one year.
- Submission of an Official School Transcript or School documentation of the highest level attained.
- The applicant must successfully complete a CAAT Level D exam at the Grade 12 level
- All other non-academic requirements as outlined above under Entrance Requirements.

Application Evaluation

Applicants who meet all the requirements as determined by the Admissions committee will be required to participate in an interview process. This is a competitive admissions process. A student may be given Conditional Acceptance pending the completion or submission of specified document as determined by the Student Admissions Committee.

All documents and application fee are to be submitted prior to the application deadline for the course. Copies of documents may be emailed to: info@randomsoundparamedicine.com or uploaded with the online application. Please note if you upload or email application documents you will be required to submit the original official transcripts, certificates, medical forms, reference forms, immunization form, Drivers Abstracts and Criminal/Court Checks prior to your final acceptance into the program.

Copies of forms may be emailed, uploaded, or faxed, however; all original forms and supporting documents must be mailed to the following address:

Random Sound Paramedicine Program
Student Admissions Office
5 Butler Crescent,
Clareville, NL
A5A 4G8

Acceptance into the PCP program remains conditional until all the above documents/forms are received, verified and approved.

Policy No:	2-4 Tuition and Fees Payment Schedule
Effective Date: June, 2019	Approved by: Director
Review/Revision Date: November 2021	

POLICY

Random Sound Paramedicine will require students attending the PCP program to make a minimum of three payments based on payment for each semester by the start date of each semester. Section 20 of the PTI regulations states: a PTI shall collect from students tuition fees not in excess of the amount required to cover one semester at a time. Students must pay a registration fee of \$250 to confirm the seat for the program. The registration fee will be applied to the student's overall tuition should they attend the program.

PROCEDURE

1. On the first day of class, the student will be required to pay for their non-tuition related fees including, books, uniforms, etc., as well as a minimum of the first-semester tuition payment.
2. Prior to the start of each semester, the student will be required to pay the amount due for that semester. Students will be notified of the payment due dates at the start of the program
3. The student may make payment by certified cheque, email money transfer (EMT), money order or other funding sources (i.e. AESL). Credit Card Payments are not accepted.
4. Cash payments will only be accepted in extenuating circumstances. These circumstances must be discussed with the Program Coordinator before payment is accepted. A receipt will be issued.
5. For the purposes of filing taxes, all students that have paid tuition and attended the full-time PCP program will be provided with a completed Form T2202 A – Tuition and Education Amounts Certificate.
6. A student will not receive their transcript and graduation diploma unless their tuition is paid in full.
7. Payment is to be made to Random Sound Paramedicine.

Policy No:	2-5 Refund Policy- Tuition and Fees
Effective Date: June, 2019	Approved by: Director
Review/Revision Date: November 2021	

Policy

Refunds are available in accordance with Sections 17 to 23 of the Private Training Institutions Regulations. Tuition and Fee Refunds will be issued based upon the requirements established by the Department of Education and pursuant to the Private Training and Institutions Act and Regulations for Newfoundland and Labrador.

Procedure

Students will be provided with a copy of the policy for review prior to signing their Student Tuition Contract. Tuition Refunds will be provided as per the conditions outlined below.

The following outlines conditions under which Random Sound Paramedicine Program will issue student refunds.

Refunds are required when:

A student voids the tuition contract at least 21 days before commencement of the program; the monies paid are refundable less the application fee.

A student voids the contract less than 21 days before the commencement of a program; the monies except for the application fee and registration fee are refundable.

A student that does not give notice in writing before commencement of the program and does not attend the first 5 consecutive days of the program, monies paid (except for the application fee and registration fee, and 10% of the program fees for one semester to a maximum of \$500) are refundable; or

After the program has started a student gives notice in writing of his/her intention to withdraw from the program and voids the contract, the student is entitled to a refund except for the following:

- Application and registration fee.
- 10% of the course fees for a semester when the student withdraws 21 days after the commencement of the program;
- The retail cost of equipment and supplies (unless returned to the institution unopened or as issued within 10 days of receipt); and

- The fees for the portion of the program already supplied and serviced (any portion of a week shall be considered 1 week for the calculation of the amount of the refund).

NOTE: Any notice given by a student to void a contract must be made by confirmed email or writing, delivered either personally or by registered mail to the Program Manager or Program Coordinator. (See policy Student Contract Termination/Withdrawal from Program)

When a refund is required to be made to a student, such refunds shall be made to the entitled student within 30 days of the receipt of the notice by the student to the Program Manager or Program Coordinator. If a student receives a student loan, the refund is to be made payable to both the entitled student and the Student Loan Centre. The following outlines conditions under which Random Sound Paramedicine is not obligated to issue student refunds:

Student Refund Not Required

The following outlines conditions under which Random Sound Paramedicine is not obligated to issue student refunds:

When the institution has supplied and serviced two-thirds or more of the program contracted for and has not received proper notice of the student's intention to cease attending before that date; or

The registration of the institution is cancelled or expires before the program has been completed and the student and the closing institution agree in writing with another Private Training Institution offering the same or similar program that the student can complete the program at no additional cost.

NOTE: If any interpretation is in contradiction to the Private Training Institutions Act and Regulations, the Act and Regulations will supersede.

Policy No:	2-6 Contract Termination/ Withdrawal from Program		
Effective Date: June, 2019	Approved by: Director		
Review/Revision Date: November 2021			

POLICY

Any student who elects to leave the program after the actual start date will be identified as "dropout/withdrawal" on their file. The student who wishes to withdraw from the program must put their intention in writing through registered mail, email, dropped off in person.

PROCEDURE

1. Students may dropout/withdraw from a confirmed program upon written notice to the Program Coordinator. The student may be asked for the reason for the dropout/withdrawal; however, they are not obligated to provide an exact reason.
2. It is the responsibility of the Lead instructor and/or Program Coordinator to discuss, with the student, the reason for requesting to dropout/withdraw from the program. The Lead Instructor / Program Coordinator are responsible to ensure they offer every opportunity, within reason, for the student to remain in the program.
3. If it is a financial, learning or personal reason for the students request to dropout/withdraw, The Lead Instructor/ Program Coordinator will provide where possible alternatives for the student to remain in the program, provided it does not result in costs being incurred to Random Sound Paramedicine.
4. If a solution is found to assist the student in staying in the program and there are associated costs, these costs will become the responsibility of the student.
5. After discussing the reason for the students request to drop out/withdraw from the program, the Program Coordinator will be responsible for communicating with the student indicating in writing one of two possibilities:
 - That the student's withdrawal has been accepted, or
 - The opportunity the student is being provided with, to stay in the program and the time frame the student must accept that opportunity.
6. If the student accepts the opportunity to stay in the program, within five business days, they must provide a written letter to the Lead Instructor and/or Program Coordinator indicating their acceptance of that opportunity. A student who wishes to withdraw must do so in writing to the Program Coordinator.

7. If a student does dropout/withdraw from a program and a tuition refund is applicable it will be the responsibility of the Program Coordinator to calculate and advise the student of the amount to be refunded as per the Tuition Refund Policy.
8. Pursuant to the Private Training Institutions Act and regulations section 15-23 the Program Coordinator will complete the *Contract Termination report (PT-4)* for each student immediately upon termination of their contract.

Policy No:	2-7Credit Transfer/Exemption Status		
Effective Date: June, 2019	Approved by: Director		
Revision Date: November 2021	Review Date:		

POLICY

Credit Transfer

Random Sound Paramedicine may award Credit transfer from another School or Program

Transfer credit status may be awarded for a course completed at another registered post-secondary institution or private training institution which has the same course description and the same learning outcomes. The student will be awarded the credit providing the student's grade is equivalent to or higher than the required passing grade for the enrolled program at Random Sound Paramedicine.

When Transfer Credit is awarded, the passing grade awarded by the institution in which the course is completed is the grade that will appear on the student's transcript and will be used in the calculation of the student's overall average.

Students are required to complete an application for *Credit Transfer* and submit all necessary documents to demonstrate course equivalency. This is a student-driven process and students are responsible for providing all required information. Assessment of the course for credit transfer will include for example the course title, course description, learning outcomes, length of course (course hours), and age of the course.

Exemption Status

Random Sound Paramedicine may not require students to complete all short courses if the student has previously completed the course successfully and can provide a copy of the current certificate or record of successful completion. This information must be provided to the Lead Instructor /Program Coordinator before the start of the course. Exemption status may be awarded in this case. Where an exemption is awarded, no mark will appear on the student's transcript.

Policy No:	2-8 Prior Learning Assessment and Recognition (PLAR)		
Effective Date: June, 2019	Approved by: Director		
Revision Date: November 2021	Review Date:		

POLICY

Random Sound Paramedicine students will be given the opportunity to receive credit for past learning, knowledge and experiences through Prior Learning Assessment and Recognition (PLAR).

Prior Learning Assessment and Recognition (PLAR) is a comprehensive and systematic process that is used to identify, assess and formally recognize a student's past learning experiences and knowledge. Students who are accepted into the Primary Care Paramedicine program can make a formal request to Random Sound Paramedicine for PLAR.

PLAR provides the opportunity for individuals with personal or professional experience to use their knowledge and skills to challenge the learning outcomes of a course. Course credits awarded through PLAR will be recorded on the student transcript as an exemption or mark depending on how the assessment was finalized. The maximum number of credits that can be awarded through the PLAR process is 75% of the number required to complete the diploma.

PLAR requests must be made in advance of the program start date and identify the specific course/s for which PLAR is being requested

Students who are considering themselves for PLAR should contact the Program Coordinator/Lead Instructor to arrange an interview to discuss the process and determine eligibility.

Students must complete the [PLAR Request Form](#) and submit the required documents and the non-refundable fee of \$100.00. Students will be required to submit a PLAR portfolio that identifies the skills, competencies and knowledge they possess. This will also include educational transcripts /documents.

The methods used to assess prior learning as compared to the course/program outcomes include assessment of educational documents; portfolio review; written /oral exams; projects/assignments; performance observation; skills demonstration, simulations; standardized tests and program review. The assessment could take up to four weeks.

Section 3: Students

Policy No:	3-1 Code of Conduct - Students
Effective Date: June, 2019	Approved by: Director
Review/Revision Date: November 2021	

POLICY

This Code of Conduct is designed to provide guidance with respect to the minimal standards of personal conduct that Random Sound Paramedicine hereafter is referred to as the "institution" expects of its students. The right to attend the institution carries with it many responsibilities. Each student must adhere to the policies and procedures of the institution if the student wishes to remain enrolled. This Code defines the parameters within which a rewarding and mutually supportive learning environment can be created and assumes that most students in the institution already uphold these standards of conduct.

1. Honesty and integrity are an integral part of academic achievement and as preparation for participation in the broader community.
2. Students will attend this institution and complete assignments, projects, and any other learning activities on time. Written or other work that a student submits to the institution shall be the product of his/her own efforts.
3. Students will avoid all forms of academic dishonesty. Academic dishonesty includes, but is not limited to the following:
 - 3.1. Copying from another student's paper or work assignment
 - 3.2. Using materials during an assignment/assessment which are not authorized by the person administering the assignment/assessment
 - 3.3. Collaborating with another student during an assignment/assessment without permission
 - 3.4. Submitting for credit, without the knowledge and approval of the instructor to whom it is submitted, any academic work for which credit has already been obtained
 - 3.5. Plagiarism, which means representing the work of another as one's own inclusive of purchases of a commercial nature
 - 3.6. Falsification, which means modifying, without authorization, an assignment, examination, paper, record, report or other written material forming part of an assessment
 - 3.7. Using, copying, buying, selling, stealing or soliciting the content of a test or examination or other assignment/assessment or document
 - 3.8. Performing an assessment for another student or permitting another student to take an assessment of one's self

- 3.9. Attempting to bribe an instructor, simulation facilitator, preceptor or any other member of the staff; or
 - 3.10. Any other conduct that misrepresents academic performance.
4. Students will ensure that their conduct contributes to a productive learning environment. In this regard, students will arrive at the institution's activities on time, participate in institution activities/ instruction and ensure their behaviour is always respectful of others and supportive of the institution's objectives. For example, students will not engage in disrespectful behaviours such as:
 - Using offensive, profane or obscene language
 - Making remarks or engaging in conduct which is racist, sexist, or in any way discriminatory
 - Engaging in behaviours or remarks which could reasonably be interpreted as threatening
 - Engage in any activities that contravene Canadian and/or any Provinces Human Rights Legislation.
5. Behaviours that are inappropriate in the learning environment are equally inappropriate outside the learning environment and students are expected to demonstrate courtesy and respect in all their interactions with other students, faculty and staff. Students should refrain from behaviours that may result in the imposition of institution sanctions or civil or criminal proceedings or which are inconsistent with the maintenance of an appropriate learning environment.
6. A Student will:
 - 6.1. Provide accurate and honest information to institutional staff or on official institution records. Furthermore, he/she shall not forge, alter or misuse the institution name, or the name of any institution employee, document, record or identification.
 - 6.2. Not attempt to obstruct or disrupt teaching, administration or disciplinary procedures
 - 6.3. Take no action which may threaten or may endanger the safety, health, life or may impair the freedom of any person; nor shall a student make any verbal threat of such action.
 - 6.4. Not misuse, sell or dispose of, any of the institution's property without the consent of the institution or the person legally responsible for it.
 - 6.5. Not infringe or violate in any manner applicable copyright laws.
 - 6.6. Comply with institutions policies regarding the wearing of safety equipment and following appropriate safety procedures.
7. A student will function as a professional by:
 - 7.1. Maintaining the dignity of all people they meet while being a student at Random Sound Paramedicine.
 - 7.2. Using appropriate terminology and language when interacting with people they meet while being a student at Random Sound Paramedicine.
 - 7.3. Dressing appropriately and maintain personal hygiene.

- 7.4. Maintaining proper personal interactions with all people they meet as result of being a student at Random Sound Paramedicine.
 - 7.5. Maintaining confidential, any information that the normal person would consider confidential as it relates to all people and organizations they meet as the result of being a student at Random Sound Paramedicine.
 - 7.6. Maintaining a positive attitude and behaving ethically toward all people they meet because of being a student at Random Sound Paramedicine.
 - 7.7. Work collaboratively with all people they encounter because of being a student at Random Sound Paramedicine.
 - 7.8. Being willing to accept and deliver constructive feedback to all people they meet because of being a student at Random Sound Paramedicine.
 - 7.9. Adhering to all Privacy Legislation.
8. Random Sound Paramedicine expects that students will familiarize themselves with this Code of Conduct, as well as other institutional policies and procedures which are relevant to them, and will adhere to these policies to the best of their ability and assist and encourage fellow students to adhere to the policies and procedures to the best of their ability.
 9. A student shall not in any manner assist, by act or omission, any other person in violating this Code of Conduct or the policies and procedures of the institution.
 10. A breach of any provision of this Code of Conduct or any of the policies and procedures of the institution will be considered a disciplinary matter.

Policy No:	3-2 Students Responsibility
Effective Date: June, 2019	Approved by: Director
Review/Revision Date: November 2021	

POLICY

1. Behave in a way beyond reproach and report any incompetent, illegal or unethical conduct committed by a fellow student.
2. Conduct and present oneself in a manner that would encourage and merit the respect of the staff, preceptors, patients and members of the public.
3. Assume responsibility for personal and professional development.
4. Strive to improve the standards of the institution and the pre-hospital care community.
5. Observe the rules of Random Sound Paramedicine other organizations that allow students to practice at the PCP level.
6. Ensure they observe and follow all policies.

Policy No:	3-3 Student Program and Tuition Contract
Effective Date: June, 2019	Approved by: Director
Review/Revision Date: November 2021	

POLICY

As per the Private Training Institutions Act and Regulations, Random Sound Paramedicine students are required to sign a *Student Program and Tuition Contract*. The Program Coordinator should identify two signing authorities in case one is unable to sign for reasons beyond their control, The Program Coordinator or Program Manager will be the registered signing authority and will sign the contract on behalf of the institution.

PROCEDURE

1. The Program Coordinator, a registered signing authority, will provide a copy of the *Student Program and Tuition Contract* to each student and will review the contract with the student. The contract will meet the requirements as set out in the Standard Operating Procedures for Private Training Institutions, Department of Advanced Educations Skills and Labour.
2. Random Sound Paramedicine students will be provided with a copy of the contract to review at least 24 hours in advance of signing. The contract must be signed by the student indicating their agreement and awareness of the expectations placed upon them.
3. All Random Sound Paramedicine students will be provided with a copy or a link to the Student policies (Random Sound Paramedicine.com) at least 48 hours prior to signing the contract.
4. The Program Coordinator will sign all contracts on behalf of the institution and will forward all the signed contracts to Random Sound Paramedicine Administration Office for inclusion in the student file.
5. As per the provincial regulatory requirements, the student will receive a copy, for their records, and the institution will retain a copy for placement on the student's permanent file.

Policy No:	3-4 Student Support
Effective Date: June, 2019	Approved by: Director
Review/Revision Date: November 2021	

POLICY

Students are the primary focus of Random Sound Paramedicine, from the application process to graduation. All staff of Random Sound Paramedicine will make every effort to ensure a student can learn in a comfortable worry-free environment.

Students are encouraged to contact the Lead Instructor or Program Coordinator with any concern, problem or complaint (personal or institution related) where they feel they need assistance. This means anything that affects their ability to successfully complete their program and includes, but is not limited to the following: family issues, drug, alcohol, or gambling dependencies, conflict with other students, staff or preceptors, study difficulties, financial difficulties, etc.

Academic concerns will be primarily dealt with by the Program Coordinator and Lead Instructor. For non-academic concerns, the institution may direct students to external counselling services as needed. Any cost associated with external counselling services will be the responsibility of the student.

Policy No:	3-5 Students with Disabilities
Effective Date: June, 2019	Approved by: Director
Review/Revision Date: November 2021	

The School will provide a reasonable level of accommodation to the point of undue hardship to facilitate the integration of persons with disabilities into the program.

Students who are accepted into a program and require accommodation must declare their disability and provide verifiable professional documentation that supports their claim prior to, or during, the signing of their contract with the institution. Should a student not declare their requirement for accommodation during this time, that student will have removed the institution's obligation to offer accommodation.

The Lead Instructor will document the accommodation plan in the student record. To evaluate effectiveness of the plan, the plan will be reviewed with the student each semester or as requested by the student.

If the student wishes to have the support of an advocate, they should advise the Program Coordinator/ Administration in writing.

Program standards will be maintained regardless of the degree and type of accommodation being provided. Permitting extended time to complete exams and a quiet, supervised separate setting for testing are examples of accommodation students may receive.

Policy No:	3-6 Classroom Conflict
Effective Date: June, 2019	Approved by: Director
Review/Revision Date: November 2021	

POLICY

Each student has the right to request a meeting with the Lead Instructor for their program to resolve classroom problems or conflicts in their program. However, students are encouraged to settle conflicts amongst themselves.

In the event, the conflict is not resolved by the Lead Instructor, the situation will be addressed by the Program Coordinator for final resolution.

Random Sound Paramedicine Program has an open-door policy and encourages students to approach staff on any issues that create conflict in the class.

Policy No:	3-7 Skill and Scenario Practice
Effective Date: June, 2019	Approved by: Director
Review/Revision Date: November 2021	

POLICY

This policy provides the guidelines to be followed by students when they are being evaluated on their essential skills and scenarios. All Random Sound Paramedicine students must complete the skill and scenario practice components of the program prior to being permitted to attempt the Final Skill and Scenario Evaluations. (See Policies – Final Scenario Evaluation and Final Skills Evaluation)

PROCEDURE

1. Students may be evaluated on their essential skills and scenarios by either the Instructor or Simulation facilitators.
2. The Instructor/Simulation facilitator is responsible for setting up the evaluation station they are working at, however, they may use the students to gather and replace equipment as needed.
3. The student, when prepared to be evaluated, will provide their iPad to the Instructor/Simulation facilitator, with the appropriate skill or scenario already selected.
4. The Instructor/Simulation facilitator will have the student complete the skill according to the itemized points for the identified skill.
5. The Instructor/Simulation facilitator will also have the student complete each individual scenario and evaluate them based on the scenario evaluation criteria listed on their iPad.
6. The student is provided with four attempts to complete each skill and scenario successfully. Failure to complete each skill and scenario successfully a minimum of twice in four attempts will result in the student being dismissed from the program.
7. If a student does not successfully complete a skill or scenario at least twice in four attempts, the Instructor/Simulation facilitator will ask the student to practice the skill or scenario before being retested.
8. If a student knows they are having difficulty with a skill or scenario, it is their responsibility to approach the Lead instructor of their program and ask for assistance. It then becomes the Instructor's responsibility to provide extra training for the student, using other students, simulation facilitators or themselves, during class time.

9. If an Instructor or Simulation facilitator knows a student is having difficulty with a skill or scenario, it is their responsibility to approach the student and offer them assistance, during class time.

10. Should the Instructor determine that a student requires extra education/training outside of regular class/simulation hours; the Instructor will assist the student in obtaining a tutor. Any fees associated with a tutor will be the responsibility of the student

Policy No:	3-8 Study Groups
Effective Date: June, 2019	Approved by: Director
Review/Revision Date: November 2021	

POLICY

This policy has been implemented to encourage students to form study groups to assist each other in their education. The PCP Program requires students to use a self-directed approach to a number of learning hours and forming study groups may aid those students who may be less motivated to study on their own.

PROCEDURE

1. At the beginning of each program, the Instructor will advise the students on the use of study groups and encourage the class to form groups to study.
2. This policy cannot be forced on any student, all students must participate willingly.

Section 4: Attendance

Policy No:	4-1 Program Attendance
Effective Date: June, 2019	Approved by: Director
Review/Revision Date: November 2021	

POLICY

This policy establishes the attendance requirements for the Primary Care Paramedic Program offered at Random Sound Paramedicine.

Students must attend a minimum of 90% of the in-class component of the program (includes didactic and simulation time); this means a student due to unexcused absences could miss no more than **3 consecutive days** to a maximum of **10 days** or **75 hours** of the in-class component of the program.

If a student fails to attend **5 consecutive** days without contacting the school and fails to provide documentation, they will be expelled/dismitted from the program.

Student participation in Fitness Training , Fit Testing and Lab Activities are mandatory. Any exceptions would need to be approved by the Lead Instructor

Students must complete all required hours of all hospital, clinical and ambulance practicum time.

PROCEDURE

1. It is strongly recommended that students attend all scheduled classes.
2. If a student is unable to attend class or clinical/ambulance practicum, the student must notify the school office before the start of class/shift. Students should also email the lead Instructor to inform of their absence.
3. Students are responsible for the material covered by a missed class. The instructors will assist in identifying the course content that was missed but will not re-teach the class.
4. Students are responsible for making up any clinical /ambulance time missed.
5. Attendance will be taken at the start of each class and will be documented electronically for tracking purposes. It is the responsibility of the student to ensure attendance is signed off by the Instructor/facilitator/preceptor.
6. There may be extenuating circumstance resulting in a student being unable to attend any component of their program (e.g. sudden illness of the student or family member,

death in the family). An excused absence can be granted by the Lead Instructor if the student provides the documentation required. For illness, a doctor's note is required stating the number of days approved for sickness. The student will require a doctor's note if they miss more than 3 consecutive days to remain in the Program. Excused absences may also be granted for bereavement and in this case documentation of death may be required (e.g. obituary notice).

7. Lateness and leaving class early without the approval of the Lead Instructor will be treated the same as unexcused absences.
8. Non-emergency medical visits should be scheduled after class hours where possible.
9. The student will be given a written warning when they have reached the maximum allowable time of **3 consecutive days** or a maximum of 10 days or 75 hours of the in class component. If the student has unexcused absences that exceed the amount of time they are permitted to miss during the program they will be dismissed from the program. Student dismissal will be in writing from the Lead Instructor.
10. Penalties for excused absenteeism with documentation will be evaluated and determined on an individual basis by the Lead Instructor and Program Coordinator. Severity of discipline may range from learning assignments to ensure the student has an understanding of the material they have missed up to and including possible dismissal from the program.
11. Students have the right to appeal any decision as per Policy 7-1 Complaint Resolution.

Policy No:	4-2 Attendance – Evaluations and Testing
Effective Date: June, 2019	Approved by: Director
Review/Revision Date: November 2021	

POLICY

This policy is used to advise students that they are expected to attend all evaluations and testing on the dates scheduled. Only under extenuating circumstances will a student be permitted to miss the original date of an evaluation or test.

PROCEDURE

The Lead Instructor for a program will advise all students of the evaluation & testing date.

1. All students will attend on the scheduled date for the evaluation or test.
2. Failure to attend the regularly scheduled evaluation, or test date, will result in an automatic failure of that evaluation, or test unless there are extenuating circumstances. This will count as one of the evaluations or tests a student is permitted to fail.
3. There may be extenuating circumstance resulting in a student failing to attend the required evaluation or test (e.g. sudden illness of the student or immediate family death in the family). Each case will be reviewed by the Lead Instructor. Students with approved reasons for not attending the evaluation or test may be given permission to write the test at a later date.
4. In all cases of extenuating circumstances, the student must provide written proof of the extenuating circumstance from a third party (e.g. physicians note or verification of death); otherwise, the automatic failure will stand.
5. In all cases, where extenuating circumstances have been validated by written documentation, the Lead Instructor will review the resources that are available to assist the student in making up the evaluation or test they missed. The Lead Instructor will then confer with the Program Coordinator who, using their discretion, and provided resources are available, may assist the student in making up the component they are lacking.
6. However, the resources the institution is required to put forward will be limited to those that are reasonably afforded and do not place an undue burden on the institution.

Section 5: Academic

Policy No:	5-1 Course Evaluation
Effective Date: June, 2019	Approved by: Director
Review/Revision Date: November 2021	

POLICY

Program self-evaluation is critical to program success. Issues affecting students need to be identified and addressed to meet their needs. Students will be given an opportunity to evaluate the program via course evaluation forms.

Individual and summarized course evaluations will be completed for the following components of the program:

- Didactic/simulation,
- Clinical rotations (ER, OR, etc.)
- Ambulance practicum

The individual and summarized evaluations shall be submitted to the Program Coordinator and subsequently forwarded for further review to other committees, as deemed appropriate.

The Program Coordinator/Program Manager while considering all implications for the institution's sustainability has the responsibility to discern how issues identified by students will be managed.

PROCEDURE

Didactic Component

1. Course Evaluation Forms will be provided directly to the students through electronic means.
2. Students will be afforded the opportunity to complete the evaluation forms during class hours.
3. 100% student participation in the completion of the evaluation forms is to be encouraged by the instructors.
4. All forms are to be summarized by the Program Coordinator and forwarded to the Program Manager.
5. A summary of the course evaluation documentation will be forwarded to the following groups for their review and recommendations:
 - Lead instructor of the program.

- The Student Council, as applicable
 - The Program Advisory Committee, as required
 - The Program Manager/ Director
 - Department of Education
6. The Director, while considering all implications for the institution's sustainability, will determine which recommendations the institution will adopt and implement.
 7. All completed individual and summarized course evaluations and their corresponding forms will be held for a period of at least seven (7) years.

Clinical and Ambulance Component

1. Clinical and Ambulance Evaluation Forms will be provided directly to the students through electronic means.
2. Students will complete the evaluation forms during class hours.
3. 100% student participation in the completion of the evaluation forms is to be encouraged by the instructors.
4. All forms are to be summarized by the Program Coordinator and forwarded to the Program Manager.
5. A summary of the course evaluation documentation will be forwarded to the following groups for their review and recommendations:
 - The Lead Instructor of the program
 - The Student Council, as applicable
 - The Program Manager/Director
 - The Program Advisory Committee, as required
6. The Director, while considering all implications for the institution's sustainability, will determine which recommendations the institution will adopt and implement.
7. All completed individual and summarized course evaluations will be held for a period of at least seven (7) years.

Policy No:	5-2Grading/Evaluation
Effective Date: June, 2019	Approved by: Director
Review/Revision Date: November 2021	

POLICY

This policy provides a consistent format to be followed by the students during the testing and evaluation process. An instructor is not to change the format of the evaluation/testing process without the prior approval of a Program Coordinator. At the beginning of the program, the Lead instructor will advise the students of the evaluation process for each course; semester and overall program.

PROCEDURE

General

1. During orientation and at the beginning of each course, the Lead Instructor will review with students all policies related to the evaluation process.
2. The student is also expected to review the policies independently to ensure they understand the Grading /Evaluation process.
3. Students are tested and evaluated using the following methods: (see applicable policies related to each area of testing). Exact evaluation criteria will be included in all course outlines which will be distributed at the beginning of each course.

- Quizzes 5%
- Projects 5%
- Tests 36%
- Mid Term Tests 20%
- Final Test 34%
- Essential Skills evaluation (Simulation Setting)
- Final Skills evaluation
- Final Scenario evaluation
- Institutional Clinical Evaluation
- Ambulance Practicum Evaluation

The student is responsible to know and understands the testing and evaluation process. If they have any questions regarding the process, they should contact the Lead Instructor.

Final Week

1. The Lead Instructor will outline the final week of testing.
2. The Lead Instructor will ensure that testing dates are established for the students to complete the Final Skills testing, Scenario (Medical & Traumatic) testing, Final Written tests, and retesting as required.
3. Students will be scheduled, by the Lead instructor, for a specific testing time on each day of the skills, scenario, and retesting.
4. All students will attend the same day of the final written test.

Policy No:	5-3CourseTests
Effective Date: June, 2019	Approved by: Director
Review/Revision Date: November 2021	

POLICY

Random Sound Paramedicine course instructors are to follow the standardized format below with respect to administering written tests.

The pass mark for course tests is 80%. A student can rewrite a test only once and they can rewrite a total of 3 tests, including the Mid-term and Final Written test.

Course Tests account for 36% of the student's overall mark in the PCP program. There will be 12 course tests valued at a total of 36 % (3% each). Students will receive a score for each course and must successfully complete each course before moving on to the next course.

PROCEDURE

1. Students are to be appropriately spread out such that each student has plenty of room. All textbooks and learning materials are to be removed from the tables. The students are not to be left unsupervised. All students should have some blank paper for notes, a couple of pencils, an eraser and a pen. The only electronic device a student will have for the testing process is their iPad.
2. Students are expected to arrive prepared to complete their written exam on the date scheduled by their instructor.
3. The instructor is expected to mark all tests as soon as possible; however, the instructor has a total of 5 business days to ensure all tests are marked and the students are given a percentage result.
4. Following the first writing of a written test, the instructor will review the test with the class as a group. If the student's request, the instructor may return the tests to the students (for review only). The tests *must* be returned to the instructor at the end of the review period.
5. A minimum grade of 80% or higher must be achieved on all written tests to be considered completed. If the student receives a mark less than 80% they will be required to rewrite that written test.

6. If the student receives a mark of less than 50% on the rewrite, they will be dismissed from the program
7. A maximum of three (3) test rewrites will be granted to a student during their enrollment. The mark they are awarded for the rewrite will be based on one of two outcomes. First, if the mark is less than 80% that will be the mark applied to their overall percentage. Second, due to the fact that this will have been the third opportunity to write a quiz, or test, related to this material if the mark is greater than 80%, the student will receive a final mark of 80%. Note three rewrites will include the course tests, the mid-term and final test.
8. If a student fails the fourth test (including any course, mid-term or final test) they will be dismissed from the program. If a student fails a test, a learning plan will be developed and a learning contract will be signed by the parties involved.
9. If a student has used two (2) rewrite tests, they will be considered on **Academic Probation**. (See Policy 5-13 Academic Probation).
10. Academic Probation will require the student to meet with a Program Coordinator and Lead Instructor. A learning plan will be developed and a learning contract will be signed by the parties involved.
11. Following a rewrite of any test, including the Mid-term or Final, the instructor may review the test with each individual student upon request. The instructor will explain the impact of a failing grade to the student. A student may also appeal the rewrite mark based on the process documented below.

WRITTEN TEST MARK APPEAL PROCESS

The Test Appeal process will occur as follows:

- The Lead Instructor will render a decision at this level of the appeal process.
- During the test review, the student identifies the question(s) they will be appealing.
- The student will have up to 2 business days to submit evidence supporting their appeal to the instructor.
- The instructor will have up to 1 business day to review evidence and render a decision to the student.
- Should the instructor find validity in the student's appeal, they will adjust the student's mark accordingly.
- Should the instructor conclude there is no validity to the student's appeal, the original mark will stand.
- Once the student has exhausted the internal appeal process, they do have the option to appeal based on the provincial regulator's established guidelines. For this process, the student should reference the provincial regulations. It will be the Program Coordinator responsibility to advise the student of this level of appeal.

Policy No:	5-4Course Quizzes
Effective Date: June, 2019	Approved by: Director
Review/Revision Date: November 2021	

POLICY

This policy sets the standardized format with respect to course quizzes. The purpose of quizzing students is to help them identify areas they may need to study further, thus helping the student prepare for the course test. If a student fails a quiz, they may be assigned a project on the material they had difficulty with. The passing mark for a quiz will be 80% or higher.

Quizzes account for 5% of the student's overall mark in the PCP program.

PROCEDURE

1. Following the first writing of any quiz, the instructor will review the quiz with the class as a group. If the student's request, the instructor may return the quizzes to the students, for review only. The quiz **must** be returned to the instructor at the end of the review period.
2. If the student fails to receive a mark of greater than 80% on any given quiz, the student will be given an assignment (chosen by the instructor) to help them review the material. These assignments should not be viewed as a punishment, they are meant to assist the student in reviewing the material, so they will perform better during the test.
3. Upon successful completion of the assignment and the presentation (if required), the student will receive an 80% for that given quiz.
4. If the student does not complete the assignment, their failing quiz mark will stand as the final mark for that quiz.
5. Students must be aware that there is potential for them to fail the overall program if they do not maintain an average 80% on all quizzes.

Policy No:	5-5 Essential Skills and Scenario Evaluation
Effective Date: June, 2019	Approved by: Director
Review/Revision Date: November 2021	

POLICY

This policy provides the guidelines to be followed by students when they are being evaluated on their essential skills and scenarios. Please refer to the skills and scenarios when you are reviewing this policy.

PROCEDURE

1. Instructors and Simulation facilitators (under the direction of the lead Instructor) can evaluate students on their essential skills and scenarios.
2. The Instructor/Simulation facilitator is responsible for setting up the evaluation station they are working at, though they may ask the students to assist with gathering and replacing equipment.
3. The student, when prepared to be evaluated, will provide their iPad with the essential skill being tested to the Instructor/Simulation facilitator.
4. The Instructor/Simulation facilitator will have the student complete the skill according to the itemized points of the skill.
5. The Instructor/Simulation facilitator will also have the student complete each individual scenario according to the medical or traumatic evaluation.
6. For the Skills Evaluation, the student will be provided with four opportunities to be signed off on each skill a minimum of twice by different Instructors/Simulation facilitators.
7. For the Scenarios Evaluation, the student will be provided with four opportunities to be signed off a minimum of twice by different Instructors/Simulation facilitators.
8. If a student does not successfully complete a skill or scenario, the Instructor/Simulation facilitator will send the student to practice the skill or scenario before being retested.
9. If a student is unable to successfully perform a skill or scenario a minimum of twice in four attempts, they will be dismissed from the program.

Policy No:	5-6 Final Scenario Evaluation
Effective Date: June, 2019	Approved by: Director
Review/Revision Date: November 2021	

POLICY

Random Sound Paramedicine instructors are to follow the standardized format below with respect to the final scenario evaluation process.

PROCEDURE

1. The Program Coordinator/ Lead Instructor will establish the dates for the final scenario evaluation, then, schedule instructors and simulation facilitators as required.
2. Final scenario evaluations are to be administered by an instructor or simulation facilitator. A manikin or non-student will be used as a patient.
3. The final scenario testing will involve a traumatic and medical scenario. The traumatic scenario is to be completed on one day of the final test week and the medical scenario is to be completed on another date.
4. Students are expected to arrive prepared to complete their final scenario evaluations on the date scheduled by their instructor.
5. The instructor or simulation facilitator must ensure that students have access to the testing room and equipment prior to the actual test. The student must be asked to bring to the attention of the evaluator any missing equipment.
6. Students are permitted a few minutes to create their own “street form” under the watchful eye of the instructor or simulation facilitator. The procedure is as follows: a) student shows evaluator a blank piece of paper, b) student creates a form (no assistance from partner), c) scenario begins. Commercially available forms are absolutely prohibited.
7. There is to be no intervention or prompting during the scenario by the instructor or simulation facilitator. It is critical that the student is allowed the opportunity to work through the decision making process independently. The instructor or simulation facilitator may question the student following the scenario if there are any areas that require clarification.
8. These scenarios are timed scenarios. The student has 15 min. to complete a “medical” scenario, 20 min. for a “load and go” scenario and 25 min. for a “non-urgent” scenario. If the time expires while

the student is still on the scene (has not stated that the patient has been loaded into the ambulance), the instructor or simulation facilitator will stop the scenario and no further marks will be awarded. If the student has stated that they are in the ambulance and the time expires before the student completes, the instructor or simulation facilitator will state that the unit has arrived at the hospital and that an RN is awaiting a verbal report.

9. Scenarios are scored and a minimum score of 3 without any critical failures is required to successfully pass. Students are provided with three opportunities to successfully complete the scenarios.
10. All re-tests are to be evaluated by an instructor other than the original instructor or simulation facilitator who assigned the student an unsuccessful grade. A student may request the same instructor or simulation facilitator if they so choose.

Policy No:	5-7Clinical/Institutional Evaluation
Effective Date: June, 2019	Approved by: Director
Review/Revision Date: November 2021	

POLICY

This policy provides the guidelines for the completion of the Clinical Preceptorship component of the program a student is attending.

PROCEDURE

1. The student is to review the Clinical Documentation Guidelines section of the Preceptor Manual to become familiar with the expectations that are placed upon them for the completion of this component of their program.
2. The student has accepted responsibility for understanding the completion requirements for this component of the program upon signing their contract to enter the institution.
3. For a student to successfully complete this component of the program their preceptor must have approved the entire C – performance environment competencies twice indicating the student is competent in the skill or procedure. This means the students would have successfully completed each skill or procedure a minimum of twice independently.
4. A student may proceed from the clinical environment to the practicum environment for the purpose of obtaining C - performance environment competencies. This will be permitted based on the student completing hours in the clinical environment and possessing outstanding C-performance environment competencies.
5. If a student is unsuccessful at having all the skills and procedures that are required in the C – performance environment approved they will be required to continue in the clinical and/or practicum setting until they are successful, or it is determined that they will not be successful.
6. Please refer to Policy - Incomplete Grade for determining a student who will not be successful in obtaining the required C performance environment sign-offs.

Policy No:	5-8 Ambulance Practicum Evaluation
Effective Date: June, 2019	Approved by: Director
Review/Revision Date: November 2021	

POLICY

This policy provides the guidelines for the completion of the Ambulance Practicum component of the program.

PROCEDURE

1. The student is to review Practicum Documentation Guidelines section of the Preceptor Manual to become familiar with the expectations that are placed upon them for the completion of this component of their program.
2. The student has accepted responsibility for understanding the completion requirements for this component of the program when they signed their contract to enter the institution.
3. For a student to successfully complete this component of the program their preceptor must have approved all of the “P – performance environment competencies” twice indicating the student is competent in the skill or procedure. This means the students would have successfully completed each skill or procedure a minimum of twice independently.
4. If a student is unsuccessful at having all the skills and procedures that are required in “P – performance environment” signed off, they will be required to continue in the ambulance practicum until they are successful, or it is determined that they will not be successful.
5. Please refer to Policy- Incomplete Grade for determining a student who will not be successful in obtaining the required “P – performance environment” sign-offs.

This situation could allow for the placement of two students with one preceptor; the preceptor takes two students, but each student goes out at a different time each week, they are never together on the ambulance with the one preceptor (e.g. Students Bob and Jane are assigned to Preceptor Joe. Preceptor Joe is working Tuesday (Day), Wednesday (Day), Thursday (Night) and Friday (Night) – Student Bob goes on shift for Joe’s Tuesday (Day) and then Student Jane goes on shift for Joe’s Thursday (Night); thus allowing one preceptor to have more than one student from the institution).

Policy No:	5-9 Mid-Term and Final Written Test
Effective Date: June, 2019	Approved by: Director
Review/Revision Date: November 2021	

POLICY

Random Sound Paramedicine instructors are to follow the standardized format below with respect to administering the Mid-Term and Final written tests.

A student can rewrite a test only once and they can rewrite a total of 3 tests, including the Mid-term and Final Written test.

The Mid-term test will account for 20% of the student's overall mark in the PCP program. The Final test will account for 34% of the student's overall mark in the PCP program.

PROCEDURE

1. Students are to be appropriately spread out such that each student has lots of room. All textbooks and learning materials are to be removed from the tables. The students are not to be left unsupervised. All students should have some blank paper for notes, a couple of pencils, an eraser and a pen. No electronic information devices, including calculators, are to be permitted in the classroom.
2. Students are expected to arrive prepared to complete their written exam on the date scheduled by their instructor. When the student has completed the test, the instructor will ask if there are any questions prior to marking it. This is an opportunity for the student to express any concerns (i.e. wording, inappropriate based on content covered, etc.) they had regarding questions on the test.
3. The instructor is expected to mark all tests as soon as possible; however, the instructor has a total of 5 business days to ensure all tests are marked and the students are given a percentage result.
4. Following the first writing of the Mid-Term or Final written test, the instructor will review the test with the class as a group. If the student's request, the instructor may return the tests to the students (for review only). The tests **must** be returned to the instructor at the end of the review period. It is during this review process that students are afforded the opportunity to begin the appeal process to validate any answers that may have been marked wrong on their test.

5. A minimum grade of 80% or higher must be achieved on the Mid-Term & Final written test to be considered completed. If the student receives a mark less than 80% they will be required to rewrite the Mid-Term or Final written test.
6. If the student receives a mark of less than 50% on the rewrite, they will be required to repeat the program.
7. A maximum of three (3) rewrites will be granted to a student during their enrollment. The mark they are awarded for the rewrite will be based upon one of two outcomes. First, if the mark is less than 80% that will be the mark applied to their overall percentage. Second, due to the fact that this will have been the third opportunity for the student to write a quiz, or test, related to this material if the mark is greater than 80%, the student will receive a final mark of 80%. Note three rewrites will include the course tests, the mid-term and final test.
8. If a student fails the fourth test (includes any course, Mid-term or Final test) they will fail the program and be terminated.
9. If a student fails the first Mid-Term or Final test, they will be considered on Academic Probation. See Policy- Academic Probation
10. Academic Probation will require the student to meet with a Program Coordinator and Lead Instructor. A learning plan will be developed and a learning contract will be signed by the parties involved.
11. Following a rewrite of any test, including the Mid-term or Final, the instructor may review the test with each individual student upon request as per policy. The instructor will explain the impact of a failing grade to the student. A student may also appeal the rewrite mark based on the process documented below.

WRITTEN TEST MARK APPEAL PROCESS

The Test Appeal process will occur as follows:

- The Lead Instructor will render a decision at this level of the appeal process.
- During the test review, the student identifies the question(s) they will be appealing.
- The student will have up to 2 business days to submit evidence supporting their appeal to the instructor.
- The instructor will have up to 1 business day to review evidence and render a decision to the student.
- Should the instructor find validity in the student's appeal they will adjust the student's mark accordingly.
- Should the instructor conclude there is no validity to the student's appeal, the original mark will stand.

- Once the student has exhausted the internal appeal process, they do have the option to appeal based on the provincial regulator's established guidelines. For this process, the student should reference the provincial regulations. It will be the Program Coordinator responsibility to advise the student of this level of appeal.

Policy No:	5-10 Final Skills Evaluation
Effective Date: June, 2019	Approved by: Director
Review/Revision Date: November 2021	

POLICY

The final skills evaluation process is to be completed by instructor and or simulation facilitators. This process is completed prior to students attending the ambulance practicum component of their program.

PROCEDURE

1. The Program Coordinator/ Lead Instructor will establish the dates for the final skills evaluation. Then, schedule simulation facilitators and students accordingly.
2. The final skills evaluation involves the prior random selection of a specific number of skills the students are to be tested on. Students are responsible to be prepared for evaluation of all skills they developed throughout the program.
3. Students are expected to arrive prepared to complete their evaluation on the scheduled date.
4. The instructor or simulation facilitator must ensure that students have access to the testing room and equipment prior to the actual test. The student must be asked to bring to the attention of the examiner any missing equipment.
5. There is to be no intervention or prompting during the evaluations by the instructor or simulation facilitator. It is critical that the student is allowed the opportunity to work through the decision making process independently. The instructor or simulation facilitator may question the student following the scenario if there are any areas that require clarification.
6. Skills are obtained from the skills list and scored based on the point's award for each skill. To be successful at each skill the student must obtain the minimum score identified on the skills sheet, without obtaining any critical failures. Students are provided with two opportunities to successfully complete the skills.
7. All re-tests are to be conducted by an instructor other than the original instructor or simulation facilitator, who gave the student an unsuccessful grade unless a student requests the same instructor or simulation facilitator.

Policy No:	5-11 Test Review
Effective Date: June, 2019	Approved by: Director
Review/Revision Date: November 2021	

POLICY

Students are not permitted to keep a copy of any written or practical tests. However, upon request, students will be permitted to review any test in the presence of either the instructor or another member of Random Sound Paramedicine staff.

PROCEDURE

1. The student completes the test and it is marked by the instructor. The student may request to review the test.
2. The student will be permitted to review the test in the presence of the instructor or another member of the Random Sound Paramedicine staff.
3. The student will be permitted to have a piece of paper and a pen, for taking notes at the review session. However, the student will not be permitted to write questions from the test, they will be permitted to write subject headings and comments in point form only.
4. Prior to the student leaving, the instructor or another member of the staff will review any notes the student has taken. If it is identified that the student has written questions from the test, the paper will be taken from the student and destroyed; the student will not be given a second chance to review the test.
5. The student must also return the answer sheet and the test to the instructor or another member of the staff before they leave.
6. If a student identifies a question where they should have received more points they can make a request to the instructor for an adjustment to their mark. Marks will only be adjusted if the student can provide a written source for the answer they believe is correct.

Policy No:	5-12 Projects
Effective Date: June, 2019	Approved by: Director
Review/Revision Date: November 2021	

POLICY

This policy sets the standardized format with respect to student projects. The purpose of a project is to help students broaden their understanding of the material presented during the program. The passing mark for a project will be 80% or higher. The Lead Instructor will advise the students at the beginning of each semester on the projects to be completed each semester.

Projects account for 5% of the students overall mark in the program they are attending.

PROCEDURE

1. The instructor, at their discretion, will assign projects. This may be done on an individual or group basis.
2. Marks assigned to projects will be based out of 100% and will apply to the overall mark.
3. Students must be aware that there is potential for them to fail the overall program if they do not maintain an average 80% on all projects.

Policy No:	5-13 Academic Probation
Effective Date: June, 2019	Approved by: Director
Review/Revision Date: November 2021	

POLICY

This policy establishes the guidelines that will be used to place a student on Academic Probation status, should that student not maintain adequate test marks during the program.

PROCEDURE

1. It applies to any student that has exercised their second (2nd) rewrite for any test.
2. The student will be placed on Academic probation for the remainder of the program. The instructor will provide this information to the student in writing.
3. The student shall meet with a Program Coordinator and the Lead Instructor to discuss the options available and sign a Learning Contract, which outlines what is expected of the student.
4. Follow up meetings will be held on a bi-weekly basis to assess the progress of the student.
5. The contract and any other information relating to the probationary student will be maintained on his/her file, but will not be shown on any transcripts of the program provided the student successfully completes the program.

Policy No:	5-14 Incomplete Grade
Effective Date: June, 2019	Approved by: Director
Review/Revision Date: November 2021	

POLICY

This policy has been established to set guidelines as to the reasons a student may be assigned an incomplete grade and the procedures they should follow if they believe they had extenuating circumstances that resulted in the incomplete grade.

It further establishes the requirements for a student to be dismissed from a program, should the student be assigned an incomplete grade.

PROCEDURE

1. It is the responsibility of the program's Lead Instructor to identify students who are at risk of being assigned an incomplete grade. The Lead instructor will be responsible for documenting any and all issues that result in an incomplete grade being assigned to a student. Documentation is to include, but is not limited to, Course Incident/Complaint/Inquiry Records, as required, as well as Student Learning Contracts.
2. A student may be assigned an incomplete grade for the following reasons:
 - 2.1. Lack of attendance (See Policy- Program Attendance). Should a student go beyond the number of days they are allowed to miss during the didactic, simulation or clinical/ambulance practicum component of their program, they may be assigned an incomplete.
 - 2.2. Falling behind by three tests during the program.
 - 2.3. Failure of a total of four tests, including the mid-term and final test.
 - 2.4. Failure of any rewrite of any test, including the mid-term or final test, with a mark less than 50%.
 - 2.5. Failure to complete the hospital/institutional and ambulance clinical components of the program within the permissible time frame.
3. There may be extenuating circumstance resulting in a student falling behind on any component of their program (e.g. sudden illness of the student, financial difficulties, death in the family), each case will be reviewed for validity by the lead instructor for the student's program. Students with valid reasons for lack of attendance may be given permission to continue in their program.

4. If there are extenuating circumstances, the lead instructor for the student's program will request the student to provide a documented and just reason for missing time (e.g. physicians note).
5. In the event that a student's extenuating circumstances are accepted as a rationale for their attendance, the Program Coordinator will review the resources that are available to assist the student in making up the component of the program they are lacking attendance in. At the discretion of the Program Coordinator and provided resources are available, the institution may assist the student in making up the component they are lacking attendance. However, the resources the institution is required to put forward will be limited to those that are reasonably afforded and do not put an undue burden on its resources or the student may have to incur the additional expenses. (Attendance Policy, 4-2).

Policy No:	5-15 PCP Program Completion Requirements	
Effective Date: June, 2019	Approved by: Director	
Review/Revision Date: November 2021		

POLICY

This policy identifies the requirements for students to complete the PCP program.

Following the principles of adult learning, the PCP program employs multiple learning styles and techniques to ensure students thoroughly comprehend the curriculum. Styles used include didactic learning, skills learning through simulation sessions and practical through hands-on patient care in the clinical/hospital and ambulance operations settings.

PROCEDURE

1. **In the didactic** setting, the student is introduced to a number of academic issues including medico-legal, patient assessment and the pathophysiology of medical and traumatic illnesses or injuries. The student is evaluated for academic knowledge through class participation, projects, quizzes, tests and examinations. This portion of the program encompasses class hours, as well as self-directed learning and the “A” and “X” performance environment competencies found in the NOCP for Paramedicine.

To successfully complete this component of the program the student must maintain an overall course average of 80% based on the following:

- Courses Quizzes account for 5% of the students overall mark. The instructor will take the average of all the quizzes and multiply that mark by 5% to obtain the quiz percentage of the student’s overall mark. Students must be aware that there is potential for them to fail the overall program if they do not maintain an average of 80% on all quizzes. (E.G. $69\% \times .05 = 3.45$ pts)
- Projects account for 5% of the students overall mark. The instructor will take the average of the projects and multiply that mark by 5% to obtain the Projects percentage of the student’s overall mark.(E.G. $80\% \times .05 = 4$ pts)
- Course tests account for 36% of the students overall mark. The instructor will take the average of all the tests and multiply that mark by 36% to obtain the test percentage of the student’s overall mark. (E.G. $80\% \times .36 = 28.8$ pts)
- Midterm test accounts for 20% of the students overall mark. The instructor will take the midterm mark and multiply it by 20% to obtain the mid-term test percentage of the student’s overall mark.(E.G. $80\% \times .20 = 16$ pts)

- Final test accounts for 34% of the students overall mark. The instructor will take the final mark and multiply it by 34% to obtain the final test percentage of the student's overall mark. (E.G. $80\% \times .34 = 27.2$ pts)

The students overall mark will be based on the above percentages. (Total overall mark for the above examples = 79.45 Note - This is a failure of the course)

2. In the simulation sessions, the student is provided with the opportunity to practice and perform skills specific to their competency level. To ensure competency is achieved, the student must successfully perform each of the required competencies a minimum of twice and is afforded four opportunities to do so. Furthermore, they are evaluated on their performance of multiple scenarios which requires the use and correct application of multiple skills, thus simulating real scenarios they will encounter in their clinical settings.

This portion of the program encompasses the simulation hours for the program, as well as self-directed learning and the "S", "C" and "P" performance environment competencies found in the NOCP for Paramedicine. Refer to Policy - Essential Skills and Scenario Evaluations, Policy-Final Scenario Evaluations and Policy- Final Skills Evaluation for more details on evaluations in the simulation session.

3. The clinical component of the program provides the student with a concentrated period of practical training in a controlled institutional environment. The goal is to develop the student's ability to accurately assess and meet the needs of patients, in both an emergent and non-emergent setting.

The student develops his/her competencies, specific to the clinical setting, under the direct supervision of the institutional staff (e.g. physicians, nurses, respiratory therapists, or other qualified healthcare professionals). The assigned preceptor engages in one-to-one evaluations of the student using the evaluation tools provided by the institution. This review and analysis of patient care aid the student in developing the skills and abilities needed to enter professional practice in the future.

In the event that a student receives an incomplete or failure in a clinical rotation, the right to complete, or not complete supplemental hours, is at the discretion of Random Sound Paramedicine. Attitude, commitment, dedication, skills competency and the demonstration of initiative are the primary factors, influencing the successful completion of the clinical sessions.

This portion of the program encompasses clinical hours, as well as self-directed learning and the "C" performance environment competencies found in the NOCP for Paramedicine. Please refer to Policy- Institutional Clinical Evaluations (Students) for more details on evaluations in the clinical setting.

Students, who complete all the hours required for this component of the program, without successfully obtaining all the required competencies, may be permitted to obtain the

outstanding competencies in a high fidelity simulation. For details regarding this process please see Policy- High Fidelity Competency Attainment.

The ambulance practicum component of the program provides the student with a concentrated period of practical field experience with an ambulance service; and focuses on the student's ability to assess and meet the needs of patients, in both emergent and non-emergent situations.

During these sessions, the student will develop his/her competencies, specific to the ambulance practicum session, under the direct supervision of the paramedic preceptor. The preceptor engages in one-to-one evaluations of the student using the evaluation tools provided by the institution. This review and analysis of patient care will help the student to form a knowledge base for professional practice in the future.

Ultimately, this represents the capstone of the teaching/learning experience as it is designed to help the student transition successfully into the role of the paramedic practitioner.

In the event of an incomplete or failure of this component, the right to complete supplemental hours is at the discretion of Random Sound Paramedicine. Attitude, commitment, dedication, skills competency and demonstrating initiative are the major factors, which influence successful completion of the ambulance practicum session.

This portion of the program encompasses the practicum hours, as well as self-directed learning and the "P" performance environment competencies found in the NOCP for Paramedicine. Please refer to Policy- Ambulance Practicum Evaluations (Students) for more details on evaluations in the practicum setting.

Students, who complete all the hours required for this component of the program, without successfully obtaining all the required competencies, may be permitted to obtain the outstanding competencies in a high-fidelity simulation. For details regarding this process please see Policy- High Fidelity Competency Attainment.

Policy No:	5-16 High Fidelity Competency Attainment
Effective Date: June, 2019	Approved by: Director
Review/Revision Date: November 2021	

POLICY

This policy establishes the guidelines that will be utilized on those occasions when a student is permitted to obtain a competency in a High-Fidelity environment.

The normal will be for a student to complete all of their scheduled clinical and practicum placements in an effort to obtain “C” and “P” performance environment competencies with real patients. However, there may be circumstances under which a student may not obtain all required competencies during their clinical and/or practicum time. It is under these circumstances that a student will be permitted to obtain competencies in a high-fidelity environment based upon the requirements established in Appendix A of the National Occupational Competency Profile (NOCP) for Paramedicine, as developed by the Paramedic Association of Canada.

PROCEDURE

1. The student must have completed have all of their scheduled clinical and practicum placements before the institution will permit the student to obtain competencies in the high fidelity environment.
2. CompTracker must show that the student is performing at an acceptable level of performance before the institution will permit the student to obtain competencies in a fidelity environment. An acceptable level of performance is one in which the student successfully obtained a minimum of 95% of all the “C” and “P” performance environment competencies on real patients in the clinical and/or practicum setting, as well as maintained a score of 3 or higher on 12 of their last 15 patient contacts in the practicum setting. This information will be verified by the Coordinator of Clinical and Practicum Placement or the student's Lead Instructor.
3. Next, the student's Lead Instructor and/or simulation facilitators will set up to high fidelity simulation(s) the student requires to obtain their outstanding competencies. The high fidelity simulations must comply with the requirements established in Appendix A of the NOCP for Paramedicine, as developed by the Paramedic Association of Canada. The Lead Instructor and/or Simulation Facilitators are provided with a copy of Appendix A, as well as review the requirements of Appendix A with them.

4. The Lead Instructor and/or Simulation Facilitators will identify which outstanding competencies the student may be required to perform in the high-fidelity environment.
5. The Lead Instructor and/or Simulation Facilitator will ensure that the simulation they formulate adheres to the requirements established in Appendix A of the NOCP for conducting a high-fidelity simulation.
6. The Lead Instructor and/or Simulation Facilitator will ensure that the student completes a call record in CompTracker that encapsulates the events of the High-Fidelity Simulation.
7. The Lead Instructor and/or Simulation Facilitator will advise the student to record the term “High Fidelity Simulation” in the Chief Complaint area of the Call Record, as well as the Chief Complaint for the simulation.
8. The Lead Instructor and/or Simulation Facilitator will advise the student to attach only those competencies for which the High-Fidelity Simulation was completed. No other competencies are to be attached to this record.
9. In the preceptors’ comments section of the Call Record, the Lead Instructor and/or Simulation Facilitator will document the reason the competency could not be obtained in the “C” or “P” environment, as well as a statement indicating the student has completed a full practicum. An example of such a statement is, “Bob Smith, a student enrolled in the PCP program having completed all of their scheduled clinical and practicum placements has been permitted to complete a High-Fidelity Simulation due to the fact that he has obtained 95% or more of the required “C” and/or “P” competencies in those environments.”
10. Next, in the preceptor’s comment section of the Call Record, the Lead Instructor and/or Simulation Facilitator will document how the High-Fidelity Simulation met the criteria established in Appendix A of the NOCP for Paramedicine as established by the Paramedic Association of Canada.

Section 6: Clinical Rotations/Placements

Policy No:	6-1 Clinical Rotations
Effective Date: June, 2019	Approved by: Director
Review/Revision Date: November 2021	

POLICY

It is the responsibility of the Program Coordinator to ensure that Random Sound Paramedicine has written Education Placement Agreements with all Hospital/Institutional clinical and ambulance practicum sites.

PROCEDURE

1. All students will complete clinical rotations as assigned by Random Sound Paramedicine. The clinical and practicum placement requirements are found in the Preceptor Manual.
2. During the clinical rotation in the hospital setting, ambulance service and other related sites, students are in a learning environment and must not be used to replace regular staff.
3. Students will be supervised at all times by a preceptor while in the clinical, or ambulance setting.
4. The Coordinator of Clinical & Practicum Placements/ Lead Instructor is responsible for placing the student in their hospital/Institutional clinical and ambulance practicum rotations.
5. The Coordinator of Clinical & Practicum Placements/ Lead instructor in consultation with the identified staff from the Hospital/Institutional clinical and ambulance practicum sites will schedule the student with a preceptor.

All clinical rotations will have a 1:1 student/preceptor ratio.

1. 7. Students will be placed in clinical rotations anywhere with the province. Students may request their location of preference but the site location requested may not be available or guaranteed.

Policy No:	6-2 Preceptors
Effective Date: June, 2019	Approved by: Director
Review/Revision Date: November 2021	

POLICY

Random Sound Paramedicine has identified preceptors from the various organizations where students are placed for learning experiences. Organizations include, but are not limited to, nursing homes, hospitals and ambulance operations. The preferred qualifications of preceptors are:

1. A minimum of 2 years' experience at their level of registration; however, it is also recognized that this may not be possible in all circumstances.
2. At minimum, a registration that is equivalent to or above the level of the student that is being a preceptor.
3. Preceptors will be provided with the preceptor manual.

PROCEDURE - INSTITUTIONAL/HOSPITAL SETTING

1. The Coordinator Clinical Placement / Lead Instructor will contact the organization taking students and ask for a preceptor to be assigned.
2. It will be the responsibility of the Institution Coordinator Clinical Placement Lead Instructor to advise that preceptor on how to complete the institution's evaluation tools.
3. The Institution will provide each ambulance base with a Preceptor Manual.
 - The Preceptor Manual provides all the information a preceptor requires regarding the completion of the institution's evaluation tools.
 - It will be the responsibility of the Coordinator of Clinical and Practicum Placement to ensure all facilities are provided with a copy of the Preceptor Manual.
 - It will be the Coordinator Clinical Placements / Lead Instructor responsibility to ensure preceptors are familiar with the Preceptor Manual.
4. For more information on the Preceptor Manual, please refer to the guide itself. This manual is provided to the student as a resource for the preceptor, should the organization misplace or lose the Preceptor Manual they were provided. Any organization that has lost or misplaced the Preceptor Manual will be provided with a new manual, as soon as possible. It will be the responsibility of the Coordinator Clinical Placements/ Lead Instructor to ensure this takes place.

5. If a preceptor requires direct communication with the instructor in regard to student progress, they are advised to use the "CompTracker software" to do so or contact the institution directly.
6. Preceptors are to be provided with access to the electronic version of the "Program Evaluation Form – Preceptors" They should be encouraged to complete and return this form to the institution for evaluation.

PROCEDURE- AMBULANCE SETTING

1. The Coordinator Clinical Placement / Lead Instructor will contact the organization taking students and ask for a preceptor to be assigned.
2. It will be the responsibility of the Institution Coordinator Clinical Placement Lead Instructor to advise that preceptor on how to complete the institution's evaluation tools.
3. The Institution will provide each ambulance base with a Preceptor Manual
 - The Preceptor Manual provides all the information a preceptor requires regarding the completion of the institution's evaluation tools.
 - It will be the responsibility of the Coordinator of Clinical and Practicum Placement to ensure all facilities are provided with a copy of the Preceptor Manual.
 - It will be the Coordinator Clinical Placements / Lead Instructor responsibility to ensure preceptors are familiar with the Preceptor Manual.
4. For more information on the Preceptor Manual, please refer to the guide itself. The Institution will also provide each student with a Preceptor Manual. This manual is provided to the student as a resource for the preceptor, should the organization misplace or lose the Preceptor Manual they were provided. Any organization that has lost or misplaced the Preceptor Manual will be provided with a new manual, as soon as possible. It will be the responsibility of the Coordinator Clinical Placements/ Lead Instructor to ensure this takes place.
5. Preceptors in the Ambulance setting have two methods to request direct communication with the institution. First, they may utilize the "CompTracker software" to indicate they wish to have direct communication with the institution during the student's ambulance practicum placement. Second, they may contact the institution via telephone to request direct communication during the student's placement.
6. Preceptors are to be provided with access to the electronic version of the "Program Evaluation Form – Preceptors". They should be encouraged to complete and return this form to the institution for evaluation.

Unsuitable Preceptorship candidates may be asked to withdraw from Random Sound Paramedicine Program preceptorship portion of the program by a Program Coordinator.

Note: The information gathered on the "CompTracker software" with regard to the Preceptor will be kept electronically.

Policy No:	6-3 Clinical Site Placement Process
Effective Date: June, 2019	Approved by: Director
Review/Revision Date: November 2021	

POLICY

The corporate authority for the various Hospital and Ambulance clinical sites will appoint an appropriate supervisor who will be responsible for coordinating and planning student placements at hospital and ambulance sites. This supervisor will become known, as the Site Clinical Coordinator.

Clinical rotations will be scheduled by the course Lead Instructor/ Coordinator Clinical Placement, in conjunction with the Site Clinical Coordinator. Students will be assigned to preceptors at times that are mutually agreeable to both.

PROCEDURE

1. The Coordinator Clinical Placement /Lead Instructor for the PCP program will begin placing students on the clinical rotations they must complete.
2. All efforts will be made to advise the students of their clinical and ambulance rotations at least 4 weeks in advance of the date for the student's rotation.
3. Students will be placed in clinical rotations anywhere with the province. Students may request their location of preference but the site location requested may not be available or guaranteed.
4. The cost of travel and accommodations at the assigned area/locations will be the expense of the student.

Policy No:	6-4 Clinical/Practicum Extensions
Effective Date: June, 2019	Approved by: Director
Review/Revision Date: November 2021	

POLICY

Students have up to 6 months to complete the clinical/practicum portion of the paramedic program.

Extensions of this clinical/practicum period will be considered by the Program Coordinator based upon extenuating circumstances.

The length of the clinical extension granted will depend on the circumstances of each individual request.

Students must request an extension prior to the end of the 6-month timeframe they have for completing the clinical/practicum component otherwise an incomplete grade will be assigned to that student.

PROCEDURE

1. The student must submit a written request for a clinical/practicum extension prior to the 6 month deadline.
2. In order for these requests to be considered, the student must:
 - 2.1. Clearly state a valid reason for the clinical extension.
 - 2.2. Clearly demonstrate that they have been active in pursuing completion of the clinical experience, or provide information regarding inactivity.
3. The length of the extension to be granted will depend on the circumstances that resulted in the student requiring an extension (e.g. surgery resulting in complications and extended healing time, financial, family circumstances). Extensions will only be granted to a maximum of one (1) year.
4. When the student has missed more than two months of clinical or ambulance time, they will be required to attend a two-day skills/scenario review with staff from the institution.
 - 4.1. Skill and scenario evaluation forms will be selected from CompTracker simulation.
 - 4.2. An instructor or simulation facilitator will document the student's ability to complete the selected skills and scenarios.

- 4.3. If a student is unable to complete the skills and scenarios successfully, they will be required to attend further training; the number of days will be determined through consultation with the instructor/simulation facilitator and the Lead Instructor and a Program Coordinator. They will then be retested on their skills and scenarios.
- 4.4. If the student is successful at completing the skills and scenarios, they will be permitted to continue with their clinical or practicum experiences.
- 4.5. If a student is unsuccessful at completing the skills and scenarios for the second time. They will be dismissed from the program.

Policy No:	6-5 Clinical Code of Conduct
Effective Date: June, 2019	Approved by: Director
Review/Revision Date: November 2021	

POLICY

Students are expected to conduct themselves in a professional manner at all times during the clinical experience.

1. Professionalism is reflected in one's appearance and behaviour. It is expected that all students behave as mature and responsible professionals in the clinical setting. Unprofessional behaviour will not be tolerated; students are guests during the clinical experiences. Student behaviour reflects directly on Random Sound Paramedicine Program.
2. Alcohol or the use of illicit drugs is strictly prohibited.
3. A student will be responsible for their patient by providing ethical care, which includes, but is not limited to:
 - 3.1. Providing care based on human need, while respecting the patient's dignity.
 - 3.2. Providing care to the student's level of qualification & to the best of their ability; and only performing interventions while under the direct supervision of their preceptors.
 - 3.3. Ensuring the student protects and maintains the patient's safety, dignity and privacy.
 - 3.4. Protecting and maintaining patient confidentiality.
 - 3.5. Knowing their (the students) skills and knowledge limitations.
 - 3.6. Providing on-going care for a patient until it is no longer required or another appropriate provider takes over care.
4. A breach of any provisions of this Code of Conduct or any of the policies and procedures of the institution will be considered to be a disciplinary matter.

Policy No:	6-6 Professional Liability
Effective Date: June, 2019	Approved by: Director
Review/Revision Date: November 2021	

POLICY

While participating in the clinical setting, the student will not perform procedures outside the scope of practice for the program they are attending. The scope of practice will be based on the provincially and nationally accepted standards for the program the student is attending (i.e. PCP would be based on the scope of practice approved by Eastern Health PMO, as well as the National Occupational Competency Profile for Paramedicine).

It is the student's responsibility to bring to the attention of the preceptor any task that is beyond the student's training or ability.

A breach of this policy will be considered a disciplinary matter.

Section 7: Complaints

Policy No:	7-1 Complaint Resolution Process
Effective Date: June, 2019	Approved by: Director
Review/Revision Date: November 2021	

POLICY

The purpose of the Complaint Resolution process is to establish procedures so that students, without fear of reprisal, can raise concerns regarding their teaching/ learning experience or the services rendered.

Random Sound Paramedicine places a strong emphasis on providing students with teaching/learning experiences of a high quality; therefore our institution will address any concerns students have about their educational experience or the services they receive in a responsive and timely manner.

Complaints about the teaching/ learning experience raised by students shall be addressed in a way which respects the rights of all parties and which leads to the rapid resolution of the disputes.

Students have the right to raise their concerns and to expect a timely response from our institution. All employees of Random Sound Paramedicine who deal with a complaint must respect the student’s right to confidentiality.

A complaint must be made within 30 days of the incident(s) giving rise to the complaint except in extenuating circumstances which, in the opinion, of the Program Coordinator would justify an extension.

Where a complaint is against an individual, it is the right of the student to seek an informal resolution through the Lead Instructor and/or Program Coordinator (See Informal Resolution Process).

In a circumstance where a number of students in the same class have the same concern, the matter is to be put forward to the Program Coordinator.

A group of students may delegate one or more of its members to voice a complaint on its behalf. However, no one shall initiate a complaint on behalf of another person or persons without the permission of the person(s). The decision whether to hear from other members of the group or to deal only with the delegate rests with the staff member to whom the complaint is addressed. For a formal complaint, permission to initiate a complaint on behalf of another person or persons must be in writing.

Complaints can be addressed using an informal and/or a formal procedure. Students are encouraged to try to resolve their complaint informally before proceeding with the formal complaint procedure.

A complaint that is not successfully resolved may be sent to the Department of Education under that Private Training and Institutions and Act and its Regulations, for review and investigation. (See Student Complaint Form PTI-7)

INFORMAL COMPLAINT PROCESS

- 1) The student must set up a meeting with the staff member to review the complaint.
- 2) At the meeting, the student must clearly articulate their complaint both verbally and in writing to the staff member.
- 3) During the meeting, the staff member must listen to the concerns raised by the student and seek clarification if needed.
- 4) Both the staff member and student must actively explore ways to resolve the complaint.
- 5) Both the staff member and the student must agree on a way to resolve the concerns presented by the student and write out the resolution, so that it may be both referenced in the future and acted upon.
- 6) Distribute the resolution to Lead Instructor/ Program Coordinator.
- 7) If the issue is unresolved during the Informal Complaint Process, then the student becomes responsible for moving the complaint to the Formal Complaint Procedure.

FORMAL COMPLAINT PROCESS

- 1) If unable and/or unwilling to approach the individual, or if concerns have not been resolved informally with the individual, as described under the Informal Complaint Procedure, the student must meet with the Program Coordinator. For the meeting, the student must present a signed written complaint to the Program Coordinator providing information regarding:
 - a. A description of the complaint, including date and time
 - b. Individual(s) involved
 - c. Name of any witnesses
 - d. Action taken to date
 - e. Solution sought by the student(s)
- 2) The Program Coordinator must hear the student(s) complaint and ask for points of clarification if required.
- 3) Within seven (7) working days of the meeting, the Program Coordinator must investigate the merits of the complaint. The investigation should include an in-depth discussion with the party named in the complaint, the complainant and other parties as required. The Program Coordinator may investigate the complaint in a method they deem appropriate.
- 4) The Program Coordinator must provide the respondent with the opportunity to respond in writing to the specific concerns raised by the student(s) within 7 (seven) working days.

- 5) If the complaint has merit, the Program Coordinator must work out a resolution with the respondent and advise the student(s) in writing; or if necessary bring the complainant and respondent together to discuss the situation, clarify the complaint and develop a strategy to resolve the complaint.
- 6) In situations where the complaint lacks merit, that is in situations such as but not limited to the student(s) not regularly attending class or completing assignments or the cannot identify an area of specific concern, inform the student(s) in writing and provide reasons why no further action will be taken.
- 7) If a student believes the complaint has not been dealt with fairly, or if a written response has not been received from the Program Coordinator, then the student may contact in writing the Department of Education as per the Private Training Institutions Act and Regulations. Students must complete the Student Complaint Form PTI-7.

Policy No:	7-2 Disciplinary Action Policy
Effective Date: November 2021	Approved by: Director
Review/Revision Date:	

POLICY

The purpose of the policy is to set out the disciplinary actions Random Sound Paramedicine may impose;

- a) upon any student found to be in violation of the Student Code of Conduct or
- b) when it is determined that a student has not acted in the best interest of other students, employees or the School as a whole.

Random Sound Paramedicine’s; Lead Instructor and Program Coordinator shall determine the appropriate disciplinary action(s) based on the type and severity of behavior or violation committed. **It is not required that Random Sound Paramedicine follow the listed disciplinary actions in any order or sequence.**

Such disciplinary actions shall include, but are not limited to, the actions stated in this Policy below or as stated in other policies of Random Sound Paramedicine.

Types of Disciplinary Actions:

- 1) **Warning:** A written or verbal notice to the student that the student’s behavior is unacceptable, that the student has violated the Student Code of Conduct and/or that any future violations will be subject to further disciplinary action.
- 2) **Probation:** A period of time during which the privilege of continuing as a Random Sound Paramedicine student is conditioned upon the student meeting certain requirements. The conditions may include, but are not limited to, loss of privileges to which a current student would otherwise be entitled, required assignments or actions by the student, and/or an acknowledgment by the student that any additional violations of the Student Code of Conduct may result in additional discipline.
- 3) **Suspension:** Separation of the student from a class, program, activity, event, or any School-owned, School-operated, or School-utilized facility for a definite period of time, after which the student is eligible to return. Conditions for readmission may be specified
- 4) **Termination :** Permanent separation of the student from student status from a class, program, activity, event, or any School-owned, School-operated, or School-utilized facility.

Policy No:	7-3 Remediation Policy
Effective Date: November 2021	Approved by: Director
Review/Revision Date:	

POLICY

If a problem is identified with a student’s skills or performance in a clinical/practicum setting remediation may be an option.

If remediation is being offered, the student will meet with the lead instructor to develop a support plan to address the areas of deficiency and a *remediation contract* will be implemented and signed by the student and lead instructor.

With the goal of successful remediation, the support plan will be individualized for each student and may be comprised of various modalities, including, but not limited to, assigned skills practice and testing, assignments, meetings with assigned mentors, and supervised clinical experiences. Random Sound Paramedicine retains the right to determine the specific type of remediation, in coordination with the student. The student is responsible for adhering to the remedial action plan.

After completion of remediation, a supplemental assessment will be necessary. Random Sound Paramedicine retains the right to determine the specific format of this assessment, which may not be in the same form as the original assessment.

The assessment time frame will be dependent on each individual student and whether progression or non-progression is noted.

If the student shows they are not progressing in a time outlined in the *remediation contract*, Random Sound Paramedicine will terminate the student based on non-progression.

Section 8: Certification/Graduation

Policy No:	8-1 Graduation /Certification
Effective Date: June, 2019	Approved by: Director
Review/Revision Date: November 2021	

POLICY

Students successfully completing all components of the PCP Program will be issued a Diploma from Random Sound Paramedicine.

Random Sound Paramedicine Program will hold a graduation ceremony for students at which time the student receives their diploma.

However, it is understood that a student may not have met all of the requirements to receive their diploma by the date of graduation. Therefore, this student, once they have successfully completed all of the course requirements, may receive their diploma at a later date.

A student will not receive their diploma until their tuition is paid in full.

Policy No:	8-2 Competency Auditing Paramedicine Programs
Effective Date: June, 2019	Approved by: Director
Review/Revision Date: November 2021	

POLICY

This policy establishes the verification process that will be used to ensure all students have met the specified competencies.

Random Sound Paramedicine endeavours to ensure graduates of its PCP program have met the National Occupational Competency Profile for Paramedicine, as developed by the Paramedic Association of Canada, as well as the Registration Requirements for the province as set by PMO

Competency obtainment is verified utilizing the software found on "CompTracker". The database on "CompTracker" contains all data related to competency completion in the simulation, clinical and practicum setting.

PROCEDURE

1. The Program Coordinator will appoint a staff member, known as the auditor, to review competency attainment by the individual students.
2. The auditor will ensure they monitor each student for the successful completion of individual competencies and overall completion. This task is accomplished by reviewing the documentation approved by the student's simulation facilitator or clinical/field preceptors for accuracy and completion.
3. In the Clinical Preceptorship setting, the auditor will review Attendance Records, Airway Management, Patient Record, Preceptor Assignment, Preceptor Contact and Acknowledgement of Responsibility, Student Acknowledgement of Responsibility and Weekly Evaluation Forms. During the review process, they will document their findings on the individual form, as required. In general, students will only be permitted to attach 5 competencies to any individual form in the clinical setting.
4. In the Practicum Preceptorship setting, the auditor will review Attendance Records, Call Record, Preceptor Assignment, Preceptor Contact and Acknowledgement of Responsibility, Student Acknowledgement of Responsibility and Weekly Evaluation Forms. During the review process, they will document their findings on the individual form, as required. In general, the student will only be permitted to attach 15 competencies to any individual form in the practicum setting.

5. The auditor must become familiar with the documentation completion requirements section of the Preceptor Manual, as well as the clinical and practicum documentation completion requirements as they apply to the program they are evaluating for PCP students. Auditors will attend a training session with the Coordinator of Clinical and Practicum Placements or the Program Coordinator to become familiar with the auditing process.
6. In general, only a preceptor may approve the competencies for which a student indicates they have attained, as only the preceptor is the person who visualized the student proficiently performing said competency. A student will be permitted to seek a competency approval from their preceptor, as long as the preceptor is able to recall the details of the call.

However, there may be circumstances in which an auditor may also approve competency attainment, such as, the preceptor is off work due to injury, or moved to another facility/organization, and cannot be reached by the student. It is important to note, that this is not to be utilized as a normal practice.

For an auditor to approve a competency they must first confirm that the CompTracker form contains information regarding the competency the student is seeking approval for. Then, they must contact the preceptor who approved the form to discuss the patient contact and the information it contains. If the preceptor agrees that the student did perform the competency and that the preceptor would have approved said competency, then and only then can the auditor approve the competency. Furthermore, the auditor will make note of the date, time and method through which they communicated with the preceptor, to validate that the student obtained the competency, in the comments section of the form on which they approved the competency.

7. An auditor has the authority to recall competencies that are not supported by evidence of attainment. This means that if there is no written evidence of attaining a competency, on the form to which the student has attached a competency, then the auditor must recall the competency, as the competency cannot be validated.
8. However, as mentioned under point number 5 above, a preceptor is the ultimate authority on whether or not a student performed a competency. Therefore, should a student recall the details of a call that they initially failed to document, they will be permitted to add the information to support that competency attainment so long as the preceptor is willing to validate the competency attainment by approving the additional information as well as the attached competency. When completing the information in the "CompTracker" database the auditor must do the following:
 - a. Check Attendance Records - ensure students are completing their required hours. If there is a question regarding the number of hours the auditor will send a message to the student for clarification and advise the Coordinator of Clinical and Practicum Placement.
 - b. Airway Management Record - The auditor will read each Airway Management Record in detail in an effort to verify that the information provided on the form supports the

competency the student has attached and obtained approval from their preceptor. The auditors will do the following:

a. As an example, if the student has not documented any information regarding performing an airway maneuver to maintain patency, but they attach and the preceptor approves competency 5.1.a Use manual maneuvers and positioning to maintain airway patency, the auditor will recall the competency as there is no information supporting the attainment of this competency.

b. They will indicate they have audited the Airway Management Record by dating it, indicating who audited it and adding comments, as required. The auditor has full authority to recall competencies that, while approved by the preceptor, are not supported by the documentation completed by the student. When a competency is "recalled" from an Airway Management Record it is deleted from the student's record.

c. Weekly Evaluation Report – This report is to be generated and sent to the institution by the student at the end of every rotation (e.g. 42 hours). Completed by both the student and their preceptor it is used by the institution as a reporting mechanism on the student's progress and whether, or not, a call or visit is required by institution staff to address any outstanding issues or concerns with the students' progress. The auditor will note the date it was reviewed, who reviewed it and its status (issues noted or no issues noted). If issues are noted, it is to be forwarded to the staff member designated to deal with issues and, if required, generate a course incident/complaint/inquiry record. It is anticipated that it may take up to two weeks for the students Weekly Contact Report to be audited.

d. Patient Record - The auditor will read each Patient Record in detail in an effort to verify that the student has obtained the competencies they have attached and the preceptor has approved. They will indicate they have audited the Patient Record by dating it, indicated who audited it and adding comments, as required. The auditor has full authority to recall competencies that, while approved by the preceptor, are not supported by the documentation completed by the student. When a competency is "recalled" from a Patient Record it is deleted from the student's record.

e. Call Record - The auditor will read each Call Record in detail in an effort to verify that the student has obtained the competencies they have attached and the preceptor has approved. They will also identify whether, or not, the student is progressing in regard to their ability to perform an overall call by verifying the Overall Call Score provided by the preceptor. They will indicate they have audited the Call Record by dating it, indicated who audited it and adding comments as required. The auditor has full authority to recall competencies that, while approved by the preceptor, are not supported by the documentation completed by the student. When a competency is "recalled" from a PCR it is deleted from the student's record.

f. The auditor will advise the Coordinator of Clinical and Practicum Placement of the number of competencies a student has outstanding, as well as the number of Call Records out of the last 15 that have been scored as under 3, approximately 6 weeks in advance of the course completion date.

Important note:

If a student has identified that they obtained a competency in a higher Performance Environment then that required by the NOCP the student will be given credit for that competency. Therefore, before the student is sent back to the clinical setting, the auditor should ensure that the student has not performed that competency at a higher level.

Once the auditor is satisfied that the student has obtained all the required competencies, in the simulation, clinical and practicum settings, the President, or their designate, will permit "successful completion" to be identified on the student's transcript of marks.

Section 9: Quality Assurance/Program Evaluation

Policy No:	9-1 Methods to Maintain/Improve Programs
Effective Date: June, 2019	Approved by: Director
Revision Date: November 2021	Review Date:

POLICY

Random Sound Paramedicine endeavours to maintain and improve the quality of the programs it offers. Input is required from Students, Instructors, Preceptors, Employers, Graduates, Program Advisory Committee, Student Admissions Committee, and Random Sound Paramedicine Management.

PROCEDURE

1. Data will be collected from all sources listed above:
 - 1.1. Students – Policy 9-3 Program Evaluation – Students
 - 1.2. Instructors – Policy 9-4 Program Evaluation – Instructors

2. The information and data collected will be summarized and forwarded to the institutions various working groups and committees. These committees and working groups review the summary documents and make recommendations on how to improve programs.

Policy No:	9-2 Curriculum Revisions – PCP Program		
Effective Date: June, 2019	Approved by: Director		
Revision Date: November 2021	Review Date:		

POLICY

The PCP program must meet the National Occupational Competency Profile, as developed by the Paramedic Association of Canada, as well as the Competency requirements established by PMO in Newfoundland and Labrador. The curriculum will be reviewed every three years by the Program Management and Program Advisory Committees

PROCEDURE

1. The Committees will provide a report to the Program Manager on the status of the PCP curriculum compared to the NOCP's and the Competency requirements established by PMO in Newfoundland and Labrador. Recommendations will be made in two categories. The first will be those changes that are required to meet NOCP and PMO competency requirements. The second will be those changes that are recommended but not required to meet NOCP and PMO competency requirements. The recommendations made by the Program Advisory Committee are summarized for review.
2. The summarized document with recommended changes will be forwarded to the Program Advisory Committee for their input and recommendations.
3. The Program Manager will be responsible to designate a staff member to revise the curriculum and have it submitted to the appropriate provincial regulators and the Department of Advanced, Education, Skills and Labour for approval before the new curriculum is implemented.

Policy No:	9-3 Program Evaluation - Students
Effective Date: June, 2019	Approved by: Director
Revision Date: November 2021	Review Date:

POLICY

This policy allows for the students to provide feedback on the different components of the program. Students will be provided through the use of electronic evaluation forms for the didactic component of the program, for each site of their hospital/institutional clinical practicum and for each site of their ambulance practicum.

PROCEDURE

1. During the didactic component of the program, students will be provided with the opportunity to evaluate the didactic component of the program at least once.
 - Students are provided with electronic surveys during class time and asked to complete them.
 - Once completed, all forms are summarized and reviewed by the Program Coordinator.
 - Copies of these Summary Documents will be provided to the Program Advisory Committee and Program Management Committee for review and recommendations for program change or enhancement.

2. During the Institutional/Hospital Clinical practicum, students will have the opportunity to evaluate each site where they have been assigned.
 - Students are provided with electronic surveys and asked to complete them at the end of each of their clinical rotations.
 - Once completed all forms are summarized and reviewed by the Program Coordinator.
 - Copies of these Summary Documents will be provided to the Program Advisory Committee and Program Management Committee for review and recommendations for program change or enhancement.

3. During the Ambulance practicum, students will have the opportunity to evaluate each of their practicum sites.
 - The students are provided with the electronic surveys asked to complete them at the end of each of their practicum rotations.
 - Once completed the forms are they are summarized and reviewed by the Program Coordinator.
 - Copies of these Summary Documents will be provided to the Program Advisory Committee and Program Management Committee for review and recommendations for program change or enhancement.

4. Students will be given an opportunity to evaluate the instructors once per semester.

Policy No:	9-4 Program Evaluation - Instructors
Effective Date: June, 2019	Approved by: Director
Revision Date: November 2021	Review Date:

POLICY

This policy allows for instructors to provide feedback regarding programs offered at Random Sound Paramedicine. At least once during the program, the instructor and Lab Demonstrators will be asked to complete the Program Evaluation Form – Instructors/Demonstrators. Program Instructors will also be invited to offer feedback at the Program Management Committee meetings.

PROCEDURE

1. The Instructor is provided with an electronic survey and asked to complete it.
2. Copies of the Summary Documents will be provided to the Program Advisory Committee and Program Management Committee for review and recommendations for program change or enhancement.

Note: At any time an instructor may provide feedback on the program verbally.

Policy No:	9-5 Program Advisory Committee/ Terms of Reference		
Effective Date: June, 2019	Approved by: Director		
Revision Date: November 2021	Review Date:		

Purpose

Random Sound Paramedicine believes that the communities it serves play a vital role in program development and continued program relevance and excellence. Direct community involvement is characterized by valuing external input and by a commitment to involve external stakeholders in a variety of means, both formally and informally.

The purpose of the Program Advisory Committee is to provide an effective link between Random Sound Paramedicine Program and the various sectors it serves. This committee will provide advice and guidance to assist in ensuring program quality, relevance, and that it reflects the professions current requirements.

Policy

The Director will be responsible for establishing the Program Advisory Committee and appointing a Chair.

General Guidelines

- The Program Manager will be the executive lead.
- The Program Advisory Committee is established to advise on the Primary care Paramedicine Program.
- The Program Coordinator will consult the Program Advisory Committee prior to making significant program enhancements or changes.
- Significant program changes are defined as any curriculum or process changes that impact program accreditation, program cost or recruitment and admissions.

Membership

- The Chair of the committee will be appointed by the Director.
- The committee will be composed of 6-10 members appointed by the Director.
- Committee representation will include relevant sector leaders and professionals. Appointed members will have voting privileges.

Committee Role and Responsibilities/Strategies

- The Program Advisory Committee provides advice and guidance to the program regarding professional needs, relevance, quality and strategic direction. They will also provide the required professional/business input needed to establish the program at a high level, progressive teaching institution. The primary responsibilities of the advisory committee are:
 - a. To participate in paramedic occupational analysis or review existing national occupational analysis
 - b. To recommend changes to curriculum content to ensure that the programs are relevant to current and future professional requirements
 - c. To assist with identifying trends that will impact on the nature and extent of the need for program graduates
 - d. To assist with the identification of technological trends and recommend appropriate strategies for incorporation within a program
 - e. To facilitate links to the sector(s) that will lead to expanded practicum opportunities for students and to expanded job opportunities for graduates
 - f. To provide feedback and increase the level of satisfaction for graduates based on observed performance on the worksite
 - g. To participate in program review and accreditation processes, as appropriate;
 - h. To assist with program promotion and the general communication of information on program activities
 - i. To review the status of the program with regard to recruitment/enrollment, graduate success and employment prospects

Appointment

- Recommendations for appointment to the Program Advisory Committee are made through the Chairperson to the Director
- A chairperson will be appointed by the Director from among the membership of the committee. The term of office for the Chairperson will normally be for a period of two years with re-appointment for up to two additional years.
- Committee members are appointed for one, or more years.

Orientation of Program Advisory Committees

- All new advisory committee members will receive an orientation to their role on the committee from the appropriate designate as assigned by the chairperson.

Meetings

- The Chairperson will call the committee meetings and set the agenda in consultation with the Program Coordinator.

- Program advisory committee meetings will take place semi-annually (minimum).
- A quorum is equal to 50% of voting members of the committee.
- Administrative support services are provided as necessary to prepare and distribute agendas, meeting information and minutes.

Committee Recommendations

- The Program Advisory Committee may make formal recommendations to the Director.
- Any recommendation forwarded to the Director must be endorsed by a majority of appointed members of the Program Advisory Committee.
- Recommendations are advisory in nature.

Committee Expenses

- Committee members who travel to meetings will be reimbursed their expenses if their employer does not cover these expenses.

Proposed Member Configuration

Representatives
Chairperson
Program Manager
Physician Advisor
Lead Instructor
Program Coordinator
Primary Care Paramedic
Ambulance Operator Hospital and Private/Community
Provincial Medical Oversight Registrar
Management representative each Health Authority
Representative of Paramedic Association of NL
Manager of Air and Road Ambulance program, Department of Health and Community Services
Program Director (ad Hoc)