

**NORTH CAROLINA OFFICE OF EMERGENCY MEDICAL SERVICES**  
DIVISION OF HEALTH SERVICE REGULATION • DEPARTMENT OF HEALTH AND HUMAN SERVICES

**PARAMEDIC EDUCATION PROGRAM REQUIREMENTS: Effective January 1, 2021**

1. The PARAMEDIC educational program must be conducted by an approved Educational Institution as defined in the rules of the NC Medical Care Commission.
2. The lead instructor for the PARAMEDIC educational program must be a NC credentialed Level II EMS Instructor at the PARAMEDIC level as defined in the rules of the NC Medical Care Commission.
3. The curriculum for the PARAMEDIC educational program shall at a minimum, meet the most current edition of the National EMS Education Standards for Paramedic Education. The EMS Education Standards may be downloaded or viewed at <http://ems.gov/EducationStandards.htm>. The EMS Education Standards for Paramedic Education must be adopted by the educational institution and the course approved by the North Carolina Office of Emergency Medical Services.
4. While the EMS Education Standards for Paramedic Education is a National document, there are some components that may not be included in this document. For clarity, all skills and medications listed on the most current edition of the North Carolina Medical Board approved Medications and Skills for EMS Personnel are to be covered during the course of the program. This document can be downloaded or viewed free of charge. To view this document visit: <http://www.ncems.org/ncepestandards/NCMBApprovedMedSkillsforEMSPersonnel.pdf>.
5. The required Anatomy and Physiology course shall meet or exceed the requirements listed in the Continuing Education Master Course List of the NC Community College System. Courses that are currently accepted include:
  - BIO- 163: Basic Anatomy and Physiology
  - BIO- 165 & 166: Anatomy and Physiology I & II (Must complete both sections)
  - BIO- 168 & 169: Anatomy and Physiology I & II (Must complete both sections)
6. Evaluation check sheets for verification of progressive student independent-skill mastery shall evaluate core psychomotor skills and the affective domain specific to the independent skills learned during each specific education module. An Institution may choose to develop or utilize pre-developed evaluation check sheets.
7. The educational institution must maintain all student records that document:
  - Prerequisite of a high school diploma or high school equivalency.
  - Reading comprehension and English language skills on the post-secondary level.
  - Mathematical application and comprehension on the post-secondary level.
  - Possession of a valid and active North Carolina EMT Credential, NREMT or other states EMS Credential.
  - Any learning disabilities that may qualify the student for special consideration by the Office of EMS in the written credentialing examination.
  - Student attendance in the classroom, clinical, and field internship components of the educational program.

- Successful completion of all classroom components of the program, including written examination scores, independent-skills evaluation check sheets and scope-of-practice evaluation check sheets.
  - Skills competency in the clinical and field internship educational components.
  - Recommendation by the medical advisor/director and the lead instructor for participation in clinical and field internship.
  - Recommendation by the medical advisor/director and the lead instructor for successful completion of the educational program. This will verify that the student has satisfactorily met all competencies to ensure the health and safety of the citizens that the student will be caring for once affiliated.
8. The educational institution must have access to clinical education and field internship sites consistent with the scope of practice level of the Paramedic student for a sufficient number of contact hours to ensure competency on the skills required for successful program completion. The approved educational institution shall have written agreements with these sites.

### **PARAMEDIC STUDENT PRE-REQUISITES**

1. Must be 18 years of age to enroll into the course.
2. Possession of an active and valid North Carolina EMT Credential, NREMT or other states EMS Credential.
3. High school diploma or high school equivalency. If an Institution is presented with documents that the Institutions Advisors, Counselors or Registrar will accept as an equivalent (Home School, International schooling, etc.) then there must be some form of documentation placed into the students file acknowledging acceptance of same.
4. Successful completion of college-level English or successful completion, within the previous 12 months, of an entrance exam placing the individual into college-level English without corequisite courses.
5. Successful completion of college-level Math or successful completion, within the previous 12 months, of an entrance exam placing the individual into college-level Math without corequisite courses.

### **DIDACTIC COMPONENT**

#### **COMPOSITION**

Composition of the didactic component will meet the most current edition of the National EMS Education Standards for the Paramedic, which can be referenced at <http://ems.gov/EducationStandards.htm>. Didactic component, including cognitive examinations should meet or exceed a minimum of 460 classroom hours.

Laboratory time, skills practice and documented skills evaluations, including the scope of practice evaluations should consist of a minimum of 200 hours.

While the EMS Education Standards for Paramedic Education is a National document, there are some components that may not be included in this document. For clarity, all skills and medications listed on the most current edition of the North Carolina Medical Board approved Medications and Skills for EMS

Personnel are covered during the course of the program. This document can be downloaded or viewed free of charge. To view this document visit:

<http://www.ncems.org/nccepsstandards/NCMBApprovedMedSkillsforEMSPersonnel.pdf>.

## **CLINICAL EDUCATION COMPONENT**

### **Clinical Prerequisites:**

1. Successful completion of all clinical skills to be performed by the student.
2. Recommendation of the educational medical director and program lead instructor.

### **Clinical Requirements:**

1. The length of the clinical education component of the *PARAMEDIC* program has a required minimum of 100 hours, which includes time for student remediation if needed to meet the required minimum skills. The Institution will be responsible for ensuring the student's competency is equivalent to that of an entry level Paramedic. This component should be based on the time required to verify competency in each of the skills required for successful program completion.
2. Clinical education must be conducted under the direct supervision of ***approved preceptors*** (Recommend not more than 4 preceptors be assigned to any one student, as research has showed the closer the ratio is 1:1 the better the student performed) in accordance with the Educational Institutions established preceptor guidelines.
3. A minimum of 48 hours shall be performed in a hospital emergency department.
4. Other clinical areas may include:
  - Intensive Care Units
  - Operating Room / Recovery
  - Intravenous Team
  - Specialty Care Transport Units /Pediatric Unit
  - Labor / Delivery Unit
  - Psychiatric Unit or Crisis Center
  - Skilled Nursing Facilities
  - County Health Department/ Home Health Care
  - Physician's Office/Immediate or Urgent Care
  - Any other medical facility (Non-Traditional Practice Setting) deemed appropriate by the Educational Medical Advisor
  - Because of the unpredictable nature of emergency medicine, the hospital environment offers two advantages in paramedic education: volume and specificity. In the hospital setting, the paramedic student can see many more patients than is possible in the field.
  - This is a very important component in building up a "library" of patient care experiences to draw upon in clinical decision-making.
  - The use of multiple departments within the hospital enables the student to see an adequate distribution of patient situations. In addition to emergency departments, which most closely approximate the types of patients that paramedics should see, clinical education should take advantage of critical care units, OB/GYN, operating rooms/anesthesia, recovery, pediatrics, psychiatric, etc. This will help assure a variety of patient presentations and complaints. These also provide a more holistic view of health

care and an appreciation for the care that their patients will undergo throughout their recovery. This places emergency care within context.

- Paramedic programs throughout the country have created clinical learning experiences in many environments. There is application to emergency medical care in almost any patient care setting.
- When a particular location lacks access to some patient populations, educational programs have created innovative solutions. Programs are encouraged to be creative and seek out clinical learning experiences in many settings. Examples include: morgues, hospices, nursing homes, primary care settings, doctor's offices, clinics, laboratories, pharmacies, day care centers, well baby clinics, and community and public health centers.

### **FIELD EDUCATION COMPONENT**

#### **Field Internship Prerequisites:**

1. Successful completion of all clinical skills to be performed by the student.
2. Recommendation of the educational medical director and program lead instructor.

#### **Capstone Field Internship Requirements:**

1. In order to determine the requirements for Capstone Field Internship please access the Standards and Guidelines for Accreditation as Published by CAAHEP and interpreted by CoAEMSP:  
<https://coaemsp.org/caahep-standards-and-guidelines>
2. The length of the field education component for the *PARAMEDIC* program will require a minimum of 240 hours, which includes time for student remediation. The student must complete the 240 minimum hours required as the third person (Student Role) of an ambulance crew. The student is required to meet the minimum skills and the Institution will be responsible for ensuring the student's competency is equivalent to that of an entry level Paramedic.
3. The acceptance of any field time or skills, when not assigned as the third person (*Student Role*) of an ambulance crew is strictly prohibited. In the event that an Institution or Student allows such time or skills to be credited, then the Student will negate all field time and skills acquired for the field education component.
4. Field education must be conducted under the direct supervision of *approved preceptors* (Recommend not more than 4 preceptors be assigned to any one student, as research has showed the closer the ratio is 1:1, the better the student performed) in accordance with the Educational Institutions established preceptor guidelines.
5. Field internship must be performed with an EMS provider *at or above the PARAMEDIC level*.

### **SUCCESSFUL SKILLS COMPLETION**

The student must demonstrate competence on each of the following skills during the clinical education AND field internship educational components while in direct contact with patients. Clinical and field internship preceptors shall document the student's performance on all of the skills required in the PARAMEDIC program curriculum. The Level II Instructor shall review all completed clinical and field internship student evaluations to determine when the student has demonstrated competency on each of the skills. The educational program medical advisor and

educational institution may also give credit for skills competency obtained from previous experience or other educational programs. The waiver of any skills for students in a PARAMEDIC educational program should be reflected in the course outline materials on file at the educational institution. The program medical advisor and Level II lead instructor may determine that the recommended minimum skills requirement for successful program completion is unattainable within the time allotted for clinical and field internship education. If this situation should occur, a joint decision of the program medical advisor and Level II lead instructor may reduce the required numbers of skills or increase the number of clinical and/or field internship hours. If the number of skills is reduced, the Level II instructor should develop an alternative method of ensuring competency in the skills necessary for successful program completion. All patient assessments must be performed on patients in the clinical education and field internship components of the course.

### **PARAMEDIC SKILLS**

During the course, the PARAMEDIC Student shall successfully demonstrate competency in all of the EMR/EMT/AEMT Required skills. At the completion of the course, the PARAMEDIC Student shall successfully demonstrate competency in all skills listed in the National Education Standards for Paramedic Education. In addition to the National requirements, all medications and skills listed within the North Carolina Paramedic Scope of Practice, which is listed within the North Carolina Medical Board approved Medication and Skills Formulary for EMS personnel are required to be covered.

### **CLINICAL/FIELD INTERNSHIP EXPERIENCE**

#### **TEAM LEADS**

- The student shall serve as the team leader (Lead Paramedic care giver) a required minimum of twenty (20) times.
- Program minimum team leads may exceed the required minimum and must be established by the program director, medical advisor and EMS advisory committee.
- Team leads shall be accomplished by each student and analyzed by the program through the program evaluation system and must reflect the depth and breadth of the paramedic profession.

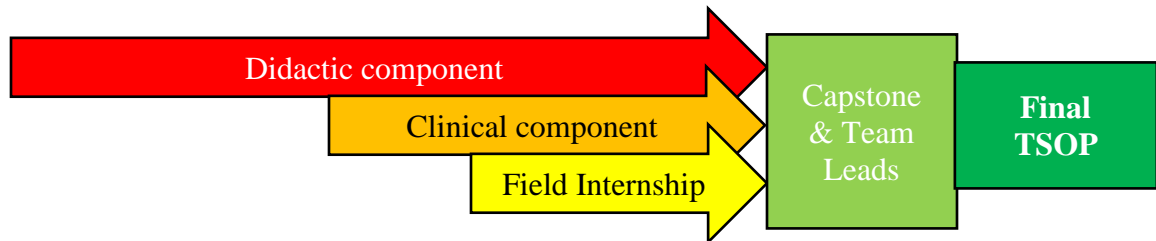
### **CLINICAL AND FIELD EXPERIENCE SUMMARY**

Educational institutions that have achieved National Accreditation maintain the right to establish their minimum required numbers and competency determinations for all skill sets (Patient assessments, Team Leads, IV access, etc...) as accepted by the accrediting body. The Nationally Accredited Institution will be responsible for reflecting this change by providing an addendum or updated Educational Plan to the appropriate Regional OEMS Office and Educational Specialist.

### **SCOPE OF PRACTICE PERFORMANCE EVALUATION COMPONENT**

The scope of practice performance evaluation is scenario-based and must be consistent with the requirements detailed in the National EMS Scope of Practice Model.

- The “Final” Technical Scope of Practice Evaluation is to be performed once the student has successfully completed “ALL” educational components to include didactic, clinical and field experience.



- All skills and medications listed on the most current edition of the North Carolina Medical Board approved Medications and Skills for EMS Personnel are to be covered and evaluated during the course of the program with high acuity skills included within the scope of practice performance evaluation. To download or view this document visit:  
<http://www.ncems.org/nccepstandards/NCMBAApprovedMedSkillsforEMSPersonnel.pdf>

### **PARAMEDIC EDUCATIONAL PROGRAM SUMMARY**

#### **PARAMEDIC Program Length: 1000 hours**

The following represents a summary of the required component time requirements for the Paramedic program. The minimum hours required will consist of four parts that total 1000 hours and are listed below:

1. Didactic component, including cognitive examinations should meet or exceed a minimum of 460 classroom hours.
2. Laboratory time, skills practice and documented skills evaluations, including the scope of practice evaluations should consist of a minimum of 200 hours.
3. Clinical Hours:
  - a. The required minimum clinical hours will be 100. A minimum of 48 must be performed in an Emergency Room Setting:
    - i. This minimum is established to ensure that the student has sufficient time to satisfactorily meet all competencies required for completion of the educational program.
    - ii. If a student is deemed as “Competent” prior to the completion of the minimum hours, then the educational medical advisor/director, program lead instructor and program director are responsible for ensuring that the student can satisfactorily enter the workforce as an entry level EMS professional at or above the level of education completed.
    - iii. If a student is deemed as “Needs Improvement” upon the completion of the minimum hours, then the educational medical advisor/director, program lead instructor and program director are responsible for ensuring that the student is provided an outline for remediation. The remediation outline should

include additional clinical hours to ensure the student can satisfactorily meet all competencies required for successful completion of the educational program.

- iv. Documentation must be maintained in the students file to show that the educational medical advisor/director, program lead instructor and program director agreed with the final determination.

4. Field Internship Hours:

- a. The required minimum hours for Field Internship will be 240 hours.

- i. This minimum is established to ensure that the student has sufficient time to satisfactorily meet all competencies required for completion of the educational program.
- ii. A minimum of 240 must be as a non-assigned member of the primary ambulance crew.
- iii. The timing and sequencing of the field internship should allow for team leads to occur as a capstone experience and in relation to the didactic and clinical phases of the program so as to provide an appropriate experience to demonstrate competence.
- iv. If a student is deemed as “Competent” prior to the completion of the minimum hours, then the educational medical advisor/director, program lead instructor and program director are responsible for ensuring that the student can satisfactorily enter the workforce as an entry level EMS professional at or above the level of education completed.
- v. If a student is deemed as “Needs Improvement” upon the completion of the minimum hours, then the educational medical advisor/director, program lead instructor and program director are responsible for ensuring that the student is provided an outline for remediation. The remediation outline should include additional field hours to ensure the student can satisfactorily meet all competencies required for successful completion of the educational program.
- vi. Documentation must be maintained in the students file to show that the educational medical advisor/director, program lead instructor and program director agreed with the final determination.

5. Student and Graduate Evaluation/Assessment:

- a. In order to determine the requirements for Student and Graduate Evaluation/Assessment please access the Standards and Guidelines for Accreditation as Published by CAAHEP and interpreted by CoAEMSP:  
<https://coaemsp.org/caahep-standards-and-guidelines>

**PARAMEDIC Minimum Program Length= 1000 hours**